



ADOPTION QUESTIONNAIRE

Thank you so much for your interest!
Please take the time to **FULLY COMPLETE** this questionnaire.
Incomplete questionnaires will not be considered.
Mark n/a if question does not apply to you.

Once **COMPLETED**, email to miraclehouserescue@gmail.com

Your Name: _____

Your Address: _____

City, State, Zip: _____

Phone Number: _____

Do you own your home? _____ If you rent, are you allow pets? _____

How long have you lived there? _____ Are your pets allowed on the furniture? _____

If you live out of state, are you planning to drive to adopt? YES or NO

Your Facebook ID: _____

Attach a screenshot of your Facebook page:

Names & ages of people in household (add more lines if needed):

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

Are there any smokers in the home: YES or NO

Are you in College? YES or NO

Employment: _____ How long: _____

Name(s) of cat/kitten, dog/puppy you are interested in adopting? _____

How many animals are you interested in adopting? _____

Number of pets currently in household: _____

Cat(s) names: _____

How long have you had them? _____

Breed(s): _____

Has your cat(s) been tested for felv/fiv? YES or NO Results? Negative or Positive

Dog(s) names: _____

How long have you had them? _____

Breed(s): _____

Are any of your pets on heartworm prevention? YES or NO

Other pets: _____

Are they up to date on vaccines? YES or NO

If no pets currently, have you had pets of your own in past as an adult? _____

Type of past and present pets? _____

How long has it been since you had a pet? _____

Where are the pets now? _____

What happened to the pet(s)? _____

Are or were all your pets spayed/neutered? _____

Did/do your pets go to the Veterinarian office for yearly checkups? _____

Have you refused any need medical care? If yes, why? YES or NO

If YES, why? _____

Will adopted Cat be an Indoor only cat or an Indoor/outdoor cat? INDOOR ONLY or BOTH

If adopting dog/puppy is your yard fenced? YES or NO

Please list the Veterinarians you currently use, have used or plan to use for pet care.

Veterinarian Name: _____

Office Address: _____

Office Phone Number: _____

Please contact your veterinarian office and give them permission to release all your pet's past and present records to us.

By completing, signing, and presenting this questionnaire to Miracle House Animal Rescue, you are giving us permission to get your past and present pet's vet records.

I agree that a volunteer may come to my residence for a home visit to examine where potential adopted cat/kitten or dog/ puppy will live.

Responsible Adopter Signature

Date

Please return COMPLETED questionnaire to: miraclehouserescue@gmail.com
THANK YOU!