



# Adoption Questionnaire

Thank you for visiting the Prince George's County Animal Services Facility & Adoption Center! It's our mission to unite the right pet with the right owner. We strive to pair the animals in our care with individuals and families who will provide permanent, loving, responsible homes, and whose lifestyles are best suited for the pet. To help us accomplish this, please complete the following thoroughly and truthfully. We can't wait to help you find your perfect fit!

**Pet's Name:** \_\_\_\_\_ **Animal ID#:** \_\_\_\_\_

## Personal & Household Information

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt # (if applicable):** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Driver's License or State ID:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Do you live in a:  House  Apartment/Condo  Mobile Home  Other: \_\_\_\_\_

Do you:  Own  Rent  Live with others  Plan to move in the next six months

How long have you lived at your current residence? \_\_\_\_\_ How many adults live in the household? \_\_\_\_\_

How many children live in the household? \_\_\_\_\_ List ages of the children: \_\_\_\_\_

Does anyone in the household have animal allergies?  No  Yes – If yes, how do you plan to manage this?

## Please list all pets you currently have at home:

Name	Type of Animal	Male or Female	Spayed or Neutered	Medical Status
				<input type="checkbox"/> Current on vaccines <input type="checkbox"/> Seen vet within last year?
				<input type="checkbox"/> Current on vaccines <input type="checkbox"/> Seen vet within last year?
				<input type="checkbox"/> Current on vaccines <input type="checkbox"/> Seen vet within last year?
				<input type="checkbox"/> Current on vaccines <input type="checkbox"/> Seen vet within last year?

**I verify the above information is true to the best of my knowledge, and acknowledge false information may result in nullifying this adoption. I understand the Prince George's County Animal Services Dept. reserves the right to deny any adoption for any reason, and this profile is the sole property of Prince George's County Animal Services Dept.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ASD Use Only

**Animal Name:** \_\_\_\_\_ **Animal ID Number:** \_\_\_\_\_ **Person ID Number:** \_\_\_\_\_

**Staff Member:** \_\_\_\_\_ **Comments:** \_\_\_\_\_

\_\_\_\_\_

**DOG COUNSELING CHECK LIST:**

- \_\_\_ Cosmetic Surgery (no ear cropping, tail docking, etc)
- \_\_\_ Can't guarantee behavior or health of any animal
- \_\_\_ Dog parks and new places
- \_\_\_ Lifetime commitment; average costs
- \_\_\_ Recurring vet care. Current medications? Recent surgeries? Test results?
- \_\_\_ Review observed behavior and reported behavior history, including bite history
- \_\_\_ Rent or Own? Breed restrictions? Number of pet restrictions?
- \_\_\_ Crate training, house training, behavior training
- \_\_\_ Feeding, exercise, playtime, toys, etc...
- \_\_\_ Slow introductions; OK with kids? Other dogs or cats?
- \_\_\_ Supplies needed, adoption fees explained
- \_\_\_ Microchip registration helps reunite lost pets
- \_\_\_ Pet insurance options to cover unexpected costs
- \_\_\_ Other: \_\_\_\_\_

**CAT COUNSELING CHECK LIST:**

- \_\_\_ Cosmetic Surgery / Declawing
- \_\_\_ Guidelines for bringing them home: bathrooms or laundry room
- \_\_\_ Can't guarantee behavior or health
- \_\_\_ Lifetime Commitment; Average Costs
- \_\_\_ Recurring Vet Care; Current Medications? Recent Surgeries?
- \_\_\_ Rent or Own? Number of Pet Restrictions?
- \_\_\_ Feeding, Exercise, Playtime, Toys, etc...
- \_\_\_ Slow Introductions; ok with kids? Other cats or dogs?
- \_\_\_ Supplies Needed, Adoption Fees
- \_\_\_ Microchip registration helps reunite lost pets
- \_\_\_ Pet insurance options to cover unexpected costs
- \_\_\_ Other: \_\_\_\_\_

I participated in the Animal Services adoption counseling session for this animal:

**Adopter Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_