



# MCPAWS

REGIONAL ANIMAL SHELTER  
*From Safe Shelter to Happy Homes*

## Pet Pre-Adoption Questionnaire

Adopter's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Do you Rent or Own?  Rent  Own

If you rent please provide your landlord's information: \_\_\_\_\_

Type of residence:  Single Family Home  Duplex  Apartment/Condo  Mobile Home

What are the pet regulations? (Security deposit, number or size limits, etc.) \_\_\_\_\_

Animal Species and Name: \_\_\_\_\_

Why do you want to adopt a/this pet? (Please check all that apply)

Companion for another pet  Companion for self  Protection  Gift

Replacement pet  To Breed  To Sell  To Hunt

Are there other pets in the household now?  Yes  No

If yes, please provide the following information.

Type of Pet                      Sex                      Neutered/Spayed?                      Where does the pet stay (In/Out)

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If there are no pets in the household now, have you owned any pets before?  Yes  No

If you have owned a pet in the last few years, where is he/she now?

Don't Know  Gave Away  Lost, never found  Died  Sold

Other, Explain: \_\_\_\_\_  
\_\_\_\_\_

If any pet died in the last 3 years, what were the circumstances? (Check one)

Old Age  Accident  Illness  Disease  Don't Know  No deaths

What local Veterinary or Veterinary Clinic have you used, or plan to use for your new pet? \_\_\_\_\_  
\_\_\_\_\_

Where will the new pet spend most of his/her time? (Check one)

Inside  Outside  Inside/Outside  Don't Know

Where will the pet when no one is home? \_\_\_\_\_

Where and how will the pet be expected to relieve him/herself?

Inside, on own  Outside, on leash  Outside, fenced area  Outside, chained

Outside, Other \_\_\_\_\_  Don't Know

On average, how many hours/days will the pet be left alone?

0 to 3 hours  4 to 8 hours  Over 8 hours

How many people live in the household?

Adults: \_\_\_\_\_ Seniors: \_\_\_\_\_ Adolescents: \_\_\_\_\_ Children: \_\_\_\_\_ Infants: \_\_\_\_\_

Are you, or is a member of your household allergic to the pet you are considering for adoption?

Yes  No  Don't know

How many persons will be responsible for training the pet? \_\_\_\_\_

Who will be financially responsible for the pet's care?

Self/Adult  Self/Minor  Spouse  Parent/Guardian