



**PRE-ADOPTION QUESTIONNAIRE (must be 18 yrs or older)**

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

Street Address: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever adopted an animal from us? \_\_\_\_\_ When? \_\_\_\_\_

Do you still have the animal? \_\_\_\_\_ If not, where is it now? \_\_\_\_\_

Have you ever brought in an animal to us?  Yes  No If yes, when? \_\_\_\_\_

Have you ever needed to bring an animal to a shelter?  Yes  No If yes, please explain the circumstances:  
\_\_\_\_\_

How many hours per day will your pet be left alone during a 24 hour period of time? \_\_\_\_\_

Please list all of the animals currently living in household by name, age and type:  
\_\_\_\_\_  
\_\_\_\_\_

Are your current pets spayed/neutered?  Yes  No

Which veterinarian do you use? \_\_\_\_\_

Do any of your household members have allergies to animals?  Yes  No If yes, what kind? \_\_\_\_\_

How many people currently live in your household (including yourself)?

Adults \_\_\_\_\_ Children \_\_\_\_\_ Please list children's ages \_\_\_\_\_

Where do you live?  Single Family Home  Duplex  Condo  Apartment  Mobile Home  
 Other \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

If you rent, do you have permission from your landlord to own a pet?  Yes  No

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you need to move in the future, what arrangements will you make for your pets?  
\_\_\_\_\_

What type of pet are you looking for? \_\_\_\_\_

Why do you want a pet? \_\_\_\_\_

Where will this pet be kept? \_\_\_\_\_

If you are applying for the adoption of a rabbit and we suggested that your rabbit be spayed or neutered, would you consider it?  Yes  No  Not Apply for a Rabbit

If we told you the average price of spaying a rabbit is \$230, would this be affordable?  Yes  No

Below, please check off the options you would choose to house any new animal:

- |  |   |
|--|---|
| <input type="checkbox"/> Outdoor hutch with an enclosure           | <input type="checkbox"/> Cage in garage or basement |
| <input type="checkbox"/> Loose indoors with access to a litter box | <input type="checkbox"/> Cage or hutch in barn      |
| <input type="checkbox"/> Cage in house                             | <input type="checkbox"/> OTHER _____                |

Have you discussed getting a pet with your spouse and/or other members of your family?  Yes  No

Who is this pet for? \_\_\_\_\_ If other than yourself, does this person live with you? \_\_\_\_\_  
If no, does this person know that you are getting this animal for him or her? \_\_\_\_\_

Who will be primarily responsible for taking care of this animal? \_\_\_\_\_

Are you familiar with state laws regarding rabies?  Yes  No

How much do you think it costs to take care of your pet monthly? (Consider food, veterinary expenses, unexpected veterinary costs, toys, bedding, litter, etc.) \_\_\_\_\_

Do you have any other questions or concerns? \_\_\_\_\_

**\*If you are applying for the adoption of a reptile, please complete page 3.\***

**BY SIGNING BELOW I AGREE TO THE FOLLOWING:**

We expect our animals to be family pets and companions and to be kept indoors. Further, if Waterford Country School determines that one of our animals is being mistreated or neglected, we reserve the right to take the animal back. We ask you to provide regular veterinary care for any animal that you adopt. **If for any reason you decide not to keep an animal adopted from our shelter, we direct that you return it to us. No adoption fee will be refunded at any time.** I understand that my references may be called to verify information on this application. In addition, I understand that an adoption interview will be required if the Pre-adoption Questionnaire is approved. I will also allow a representative of WCS to do a home check prior to, or following this adoption if deemed necessary.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please list 2 references (other than your veterinarian):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**If you are applying for the adoption of a reptile, please complete this section.**

Are you aware of the precautions needed to protect children and other members of your household from salmonella and other zoonotic diseases that reptiles can carry? YES\_\_\_ NO\_\_\_

Is this your first reptile?  Yes  No If NO, which species have you had, how many, and for how long?

\_\_\_\_\_

Do any not live with you anymore? Why? \_\_\_\_\_

\_\_\_\_\_

If you adopt a reptile, will you be breeding it, giving it as a gift, or keeping it as a companion animal in your home?

\_\_\_\_\_

We need to know that our reptiles are going to safe and comfortable environments at their new homes. Do you know what kind of housing reptiles require?  Yes  No

If you answered NO, we will be happy to provide you information on this. If you answered YES, please tell us your plan for housing the reptile - Type of habitat, heat source, lighting, and any other details:

\_\_\_\_\_

Do you already own all the equipment listed above?  Yes  No

What type of diet do you plan on feeding the reptile? \_\_\_\_\_