

FOR STAFF USE ONLY	Dog's Name:	Control #

DOG ADOPTION QUESTIONNAIRE

Thank you for visiting the Greenwood County Animal Shelter in your search for a new pet!

Before you adopt a pet from this facility, we ask you to complete this form. Humane Society of Greenwood Adoption Counselors consult this information to ensure the animal you want to adopt is best suited for your home and lifestyle.

How did you hea	r about The Human	e Society of	Greenv	vood (HSC	DG), or the pet you are interested in ad	opting?	
☐ Saw pet at adoption center		□ Oth	☐ Other website		☐ From a friend		
☐ HSOG website		☐ Pet	☐ Pet Of The Week		—		
Have you ever adopted from USOC3		П Мо	Пма		Other		
Have you ever adopted from HSOG? Have you ever turned in animals to a					☐ Yes, when? ☐ Yes, when and why?		
•	ollowing about your			— 140	a res, when and why:		
Pet's Name	Type or Breed	•	Sp.	ayed or	If no longer owned, what happened to	Rabies Vacc	
	,,,	0-	Ne	eutered?	pet?	Current?(Y/N)	
What is the name	e of your veterinari	an/veterina	ry hospi	ital?			
Does any membe	er of the household	have anima	ıl-relate	d allergie:	s or asthma?	□No	
•	u anticipate spendi nual cost to care fo		-		veterinarian, toys, emergency, etc.)?		
Do you live in a:	☐ House	☐ Apart	ment	□ Dormit	ory Duplex/Townhouse		
☐ With Parents	☐ Mobile ho	me – Name	of park				
Do you rent?	☐ No ☐ Yes If ye	s, Landlord's	name _		Phone		
					ncially responsible for pet?		
How many childr	en are in the house	hold?		Age(s)?			
Would you conse	nt to a home visit?	☐ Yes I	□ No				
Are you familiar with Heartworm Disease in dogs or Heartworm Prevention? ☐ Yes ☐ No							
By signing, I affirm I am 21 years of age or over, and the information contained on this form is true to the best of my knowledge. I understand that the Humane Society of Greenwood Adoption Counselors may approve or deny an adoption based on this or other information during my visit. Should I be approved for adoption, I understand that I will be required to make a substantial commitment of time and money to this animal for up to 20 years.							
Signature:					Date:		
FOR STAFF USE O	NLY Dog's Name	::			Control #		
Counselors:							
						_	
						_	
			,		PetPoint Verified:		
	.D. Number: (include						
Approved:	☐ Yes ☐ No HS	OG Signature	e:		Date:		