

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 hear about The Humane Society of Greenwood, or the pet you are interested in adopting?

- Saw pet at adoption center Pet Of The Week Other _____
 HSOG website From a friend
 Other website

Have you ever adopted from HSOG? No Yes, when? _____

Have you ever turned in animals to an animal shelter? No Yes, when and why? _____

Please fill out the following about your current pets:

Pet's Name	Type or Breed	Age	Sex	Spayed or Neutered?	If no longer owned, what happened to pet?	Rabies Vacc Current?(Y/N)

What is the name of your veterinarian/veterinary hospital? _____

Does any member of the household have animal-related allergies or asthma? Yes No

How much do you anticipate spending yearly* on this pet (food, veterinarian, toys, emergency, etc.)? _____
 (*The average annual cost to care for a dog is \$700 to \$1,500.)

Do you live in a: House Apartment Dormitory Duplex/Townhouse

With Parents Mobile home – Name of park _____

Do you rent? No Yes If yes, Landlord's name _____ Phone _____

How long have you been at this address? _____ **Who will be financially responsible for pet?** _____

How many children are in the household? _____ **Age(s)?** _____

Would you consent to a home visit? Yes 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 ONLY

Dog's Name: _____

Control # _____

Counselors: _____

Comments: _____

PetPoint Verified: _____

Driver's License/I.D. Number: (include State of issue) _____ Date of Birth: _____

Approved: Yes No HSOG Signature: _____ Date: _____