



Name of Desired Pet: _____

Date: _____

Hold Amount: _____

References Checked: _____

Referred By? _____

Adoption Questionnaire

Thank you for your interest in adopting your new "forever friend" from Paws+Claws Rescue & Resort.

Please complete this questionnaire in order for us to match you with your new family member.

We want your adoption to be a memorable experience, not just for you but also for your new pet.

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Spouse/Partner Name: _____ Phone: _____

Household Information

What type of housing do you reside in? _____ Length of time: _____

☐ Rent ☐ Own ☐ Live with Family

If you rent or have HOA (home owners association) please provide landlord/HOA contact information:

Name: _____ Phone: _____

Do you have a fenced-in yard? ☐ Yes ☐ No Type of fence: _____

Are you employed? ☐ Yes ☐ No ☐ Student ☐ Retired Occupation: _____

Are you 18+ years old? ☐ Yes ☐ No Is this pet for yourself? ☐ Yes ☐ No- Who? _____

Does every person in the home agree to you adopting a pet? ☐ Yes ☐ No ☐ Unsure

Number of people you live with and their ages: _____

Who will be responsible for your new pet? ☐ Myself/Partner ☐ My children ☐ Other

How many consecutive hours will this pet be home alone or unattended? _____

Where will the pet stay? _____ How often? _____

Any changes you anticipate in the next 5-10 years (kids, moving, graduation, etc.) ? _____

Pet History

Have you ever owned a pet before? ☐ Yes ☐ No Where now? _____

Number of cats currently in household: _____ Male(s) _____ Female(s) ☐ None

Number of dogs currently in household: _____ Male(s) _____ Female(s) ☐ None

Are these pets spayed/neutered? ☐ Yes ☐ No

Pet History (cont.)

Are these pets up to date on vaccines? ☐ Yes ☐ No ☐ Unsure ☐ Some

Have your cats been tested for Feline Leukemia? ☐ Yes ☐ No ☐ Unsure

Are your cats declawed? ☐ Yes ☐ No If yes, have you been educated on declawing? ☐ Yes ☐ No

Name and contact info of current veterinarian: _____ Phone: _____

Do we have permission to contact your veterinarian? ☐ Yes ☐ No

Have you ever surrendered or given a pet away? ☐ Yes ☐ No

If yes, please explain: _____

Have you adopted a pet from another shelter/rescue? ☐ Yes ☐ No **If yes, please provide information:**

Shelter/Rescue name: _____ City/St: _____ Phone: _____

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Hopes and Expectations

Why are you interested in adopting this pet? _____

Have you researched this breed type? ☐ Yes ☐ No

Are you open to considering a different pet if we think there is a better match? ☐ Yes ☐ No

What activities are you interested in doing with your new pet? (i.e. cuddling, hiking, playing, traveling) _____

Scratching is a typical and healthy behavior for cats. How would you deal with this? _____

Barking, chewing, and jumping are typical behaviors for dogs. How would you deal with this? _____

Any other hopes or expectations you are looking for in a pet such as breed, sex, age, or behavior? _____

What behavior concerns do you have? _____

Why? _____

If unwanted behavior develops, how do you plan to address it? _____

Are you prepared to bring a pet home now? ☐ Yes ☐ No _____

A dog's lifespan is typically 10+ years and a cat can live 20+ years. Are you willing to take responsibility for this animal for that length of time? ☐ Yes ☐ No

Are you able and willing to afford expenses for this pet, including proper nutrition, routine veterinary exams, vaccines, and unexpected veterinary bills? ☐ Yes ☐ No

Adopting a rescue animal is truly an amazing adventure. You understand that the previous medical history and genealogy may not be known for your future pet. You understand that Paws+Claws Rescue & Resort cannot guarantee the health of these animals because of this. ☐ Yes ☐ No

Office use only:

Applicant Name: _____

Name of pet applying for: _____ Canine ☐ Feline ☐

Please list three personal references, aside from your veterinarian, that we have permission to call in regards to this potential adoption; **we also ask that they not all be direct family members:**

(i.e. Lennard Stevenson 218-675-7297 Family friend/co-worker/employer)

1) Name: _____ Number: _____ Relation: _____

2) Name: _____ Number: _____ Relation: _____

3) Name: _____ Number: _____ Relation: _____

By signing this Adoption Questionnaire, you verify that all information provided is truthful and accurate. Withholding or providing false information will result in denial of your adoption questionnaire.

Signature: _____ Date: _____

Signature: _____ Date: _____