



## PRE-ADOPTION QUESTIONNAIRE

The Brown County Humane Society has prepared this form to assist in the best possible placement of animals and to benefit the adopter. Our mailing address is PO Box 71, Hiawatha, KS 66434 or the email address is: [brcchs66434@yahoo.com](mailto:brcchs66434@yahoo.com)

Date \_\_\_\_\_

Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Employer/Position \_\_\_\_\_ How Long \_\_\_\_\_

Employer of other adults in home \_\_\_\_\_ How Long \_\_\_\_\_

Currently live in a house, apartment, duplex, mobile home, or other. \_\_\_\_\_

Names and ages of everyone living in your home \_\_\_\_\_

\_\_\_\_\_

Time at present address \_\_\_\_\_ I own or rent. \_\_\_\_\_

Landlord's name \_\_\_\_\_ Phone number \_\_\_\_\_

Are pets allowed? Yes \_\_\_ No \_\_\_ Outside? Yes \_\_\_ No \_\_\_ Inside? Yes \_\_\_ No \_\_\_

Yard is fenced. Yes \_\_\_ No \_\_\_ Type of fencing \_\_\_\_\_ Height \_\_\_\_\_

Approximate size of enclosed area. \_\_\_\_\_

Have you ever adopted an animal from a Humane Society? \_\_\_\_\_

If yes, when and from which shelter? \_\_\_\_\_

Do you currently own any pets? Yes \_\_\_ No \_\_\_ If yes, how many? \_\_\_\_\_

What kind/names? \_\_\_\_\_

Have you owned pets before your current pet? Yes \_\_\_ No \_\_\_ Most recent? \_\_\_\_\_

What happened to those pets? Please be specific. \_\_\_\_\_

\_\_\_\_\_

Are/were your pets sterilized (spayed/neutered)? Yes \_\_\_ No \_\_\_ All \_\_\_ Some \_\_\_

Are/were your pets current on vaccinations? Yes \_\_\_\_\_ No \_\_\_\_\_ All \_\_\_\_\_ Some \_\_\_\_\_

Are/were your pets on monthly heartworm preventative? \_\_\_\_\_

Does/did your pets receive regular veterinary care? \_\_\_\_\_

Veterinarian's Name/Clinic \_\_\_\_\_

Address, Telephone Number \_\_\_\_\_

What pet are you interested in adopting? \_\_\_\_\_

How did you find out about this pet? \_\_\_\_\_

Why do you want to adopt this pet? \_\_\_\_\_

Who will be the primary caregiver(s) for the pet(s) \_\_\_\_\_

Do you want the pet as an indoor or outdoor pet? \_\_\_\_\_

If inside your home where will the dog stay if no one is home? \_\_\_\_\_

If outside, how will it be confined? \_\_\_\_\_

What type of shelter will be provided? \_\_\_\_\_

Do you want the dog as a guard dog \_\_\_\_\_ hunting \_\_\_\_\_ family pet \_\_\_\_\_

Is this pet going to be a gift? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for whom? \_\_\_\_\_

Will you allow a humane representative to see the animal any time? \_\_\_\_\_

Reference #1

Reference #2

Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Are you aware of the State and local animal control regulations where you reside? \_\_\_\_\_

If not, please ask for information about this.

**State of Kansas Law requires any dog or cat being adopted be surgically spayed or neutered. These costs are covered by the adoption fee.**

By signing this application, I state the above information is true and correct to the best of my knowledge.  
By signing this application, I authorize the listed references to release information requested by the Brown County Humane Society.

SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_