

# Desert Tails Pre-Adoption questionnaire



(Please fill out to the best of your knowledge)

Why do you want to adopt an animal? \_\_\_\_\_

\_\_\_\_\_

Explain what type of animal would best fit into your home. \_\_\_\_\_

\_\_\_\_\_

Where will this animal be kept during the day? \_\_\_\_\_

When on vacation, who will care for the animal? \_\_\_\_\_

If you should have to evacuate in the future, what will you do with this animal? \_\_\_\_\_

Do you have a fenced yard? Yes \_\_\_\_\_ No \_\_\_\_\_ What type is it? \_\_\_\_\_

How tall is the fence? \_\_\_\_\_ feet.

If this is a feline that you are wishing to adopt, are you planning to declaw it? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why do you need to declaw? \_\_\_\_\_

Do you understand that a feline has to be confined to your property and cannot be allowed to run at large? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own your own home? Yes \_\_\_\_\_ No \_\_\_\_\_

If not – Name of Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Number of adults in household? \_\_\_\_\_ Age of children \_\_\_\_\_

Have your children had pets in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Please add any additional info that may help us decide placement of this pet;