

# Northeast Animal Shelter

## Pre-Adopt Form – Helping Us Help You!

Please clearly PRINT your info on this form to help us find the best match for you.

This box is for office use:

NEAS # \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name \_\_\_\_\_

Still looking; call if find candidate.

AC: \_\_\_\_\_

### ABOUT YOU

Name ↑ \_\_\_\_\_ Your Email \_\_\_\_\_

Street ↑ \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ↑ \_\_\_\_\_ Other Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### ABOUT YOUR HOME

Do you own or rent your home?  Own  Rent

How long at this address? \_\_\_\_\_ Are you planning to move?  Yes  No If Yes, when? \_\_\_\_\_

If you rent your home, does your lease allow pets?  Yes, cats only  Yes, cats and dogs  No

Restrictions (e.g., breed, weight, landlord's OK): \_\_\_\_\_

Landlord's Name & Phone: \_\_\_\_\_

How would you describe your home?  Single family house  Multi-family house  Condo  Town house  
 Apartment  Mobile home

What is your household activity level?  Quiet as a library  Grand Central Station  Somewhere in between

Rate your comfort level with pets:  First-time owner  Have had 1 or 2  Knowledgeable and experienced

If you do not have children living at home, do any children come to visit?  Yes  No

List all the people who will be living with the new pet? (Please list names, ages, and relationship.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will the new pet be for?  Myself  My family  Other: \_\_\_\_\_

Who will be the primary caregiver?  Myself  My family  Other: \_\_\_\_\_

Is anyone living in your home allergic to cats or dogs?  Yes, cats  Yes, dogs  No



**NOTE: Children in the home should accompany you if you are planning to adopt a puppy or dog.**

**If adopting an adult dog, the Shelter requires any other adults in your home to meet and approve the dog prior to finalizing the adoption. For puppies, verbal approval by phone is acceptable.**

### ABOUT YOUR EMPLOYMENT

Where are you employed?

Business Name ↑ \_\_\_\_\_ City & State \_\_\_\_\_ Work hours \_\_\_\_\_ Phone \_\_\_\_\_

Where is spouse or other adult employed?

Business Name ↑ \_\_\_\_\_ City & State \_\_\_\_\_ Work hours \_\_\_\_\_ Phone \_\_\_\_\_

### REFERENCES

Check the box on right if this reference would be good for emergency contact in case your pet is lost and we can't reach you. ↴

Name ↑ \_\_\_\_\_ City & State \_\_\_\_\_ Phone \_\_\_\_\_

Name ↑ \_\_\_\_\_ City & State \_\_\_\_\_ Phone \_\_\_\_\_

**ABOUT the PET(s) YOU WANT TO ADOPT**

What kind of pet(s) are you thinking about adopting?      Kitten    Cat    Puppy    Dog

Optional: If you prefer a certain breed, size, or temperament, tell us what you like: \_\_\_\_\_  
 \_\_\_\_\_

If you are looking for a kitten or cat, will it be declawed?      Yes    No

Will pet ever be allowed outside by itself?      Yes    No

If allowed outside by itself, pet will be:

in a fenced yard      in a pen      in a crate      tied up      on a runner      allowed to roam

Puppies/dogs only:

How many hours at a time will the puppy/dog be: left alone outside? \_\_\_\_\_ left alone inside? \_\_\_\_\_

When inside, the puppy/dog will be:  in a crate    in limited room(s)    free to roam the house

**ABOUT YOUR OTHER PET(s)**

Tell us about the pets you have owned in the past:

Cat or Dog?	Name?	Breed?	Spayed/Neut?	How long owned?	What Happened?

Tell us about the pets you now own:

Cat or Dog?	Name?	Breed?	Spayed/Neut?	Age?	Is pet up-to-date with vaccines?

 **Note: If you already own a dog and you are adopting another dog, we require you to bring your dog to the Shelter to meet the new family member. This will help you get a sense of how well they will get along.**

**PLEASE READ and INITIAL EACH ITEM**

- \_\_\_\_\_ I understand that pets sometimes need veterinary care, including visits for common problems such as colds, diarrhea, or parasites, and that all veterinary expenses will be my financial responsibility.
- \_\_\_\_\_ I understand that housebreaking, training, and re-training may take lots of time and I am willing to devote that time.
- \_\_\_\_\_ I will take my new pet to a veterinarian soon after adoption for a thorough check up and appropriate shots. (The Shelter will provide a record of your pet's medical care to take to your veterinarian).
- \_\_\_\_\_ If I adopt an unaltered pet, I will have my pet altered before the spay/neuter certificate expires.
- \_\_\_\_\_ I will contact the Shelter if I have a problem with my pet.

**CHECKLIST of REQUIRED DOCUMENTS**

- License or other identification with your home address on it.
- If you rent your home: Copy of your lease. (Otherwise we will need to contact your landlord, and this might delay your adoption if we can't reach her/him.)
- If you own your home, proof of home ownership. (We like to see a mortgage statement or tax bill; otherwise, we can check public records if available.)

**YOUR SIGNATURE**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_