

# ANIMAL WELFARE SOCIETY OF SOUTHEASTERN MICHIGAN

NAME OF PET YOU ARE INTERESTED (IF ONE IN PARTICULAR) \_\_\_\_\_

YOUR NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

1. Do you current live in a:  House  Apartment  Condo  Townhouse  
 Mobile Home  Duplex  Co-Op
2. Do you own or rent:  Own  Rent  Live with parents
3. If you rent, does your lease allow pets?  Yes  No
4. If you rent, what is your landlord's name? \_\_\_\_\_ Phone # \_\_\_\_\_
5. How many people live in your household? \_\_\_\_\_ Ages of children in household? \_\_\_\_\_
6. Do all of the adults know that you plan to adopt a pet?  Yes  No
7. Do you or anyone in your household have any allergies to animals?  Yes  No
8. What kind of pet are you here to adopt?  Dog  Puppy  Cat  Kitten
9. Why do you want a pet? \_\_\_\_\_
10. Do you have any preferences as to breed, type, sex, age, size, length of hair, etc.? Please explain: \_\_\_\_\_  
\_\_\_\_\_
11. Is this your first experience with a pet?  Yes  No
12. What will you do if your new pet does not get along with the other pets in your household? \_\_\_\_\_  
\_\_\_\_\_
13. What will you do if you become, for whatever reason, unable to keep your new pet? \_\_\_\_\_  
\_\_\_\_\_
14. Who will be responsible for the care of this pet? \_\_\_\_\_
15. Where will this pet be kept during the day? \_\_\_\_\_ at night? \_\_\_\_\_
16. How many hours will it spend alone without human companionship per day? \_\_\_\_\_
17. Where will it be kept when home alone? \_\_\_\_\_ Where will it sleep at night? \_\_\_\_\_
18. Who is your veterinarian? \_\_\_\_\_ Phone number: \_\_\_\_\_
19. Do you plan on spaying or neutering your pet?  Yes  No
20. How did you hear about our adoption service? \_\_\_\_\_

21. Please list the pets currently in your household:

NAME	TYPE OF ANIMAL	SPAYED/NEUTERED (YES OR NO)	INDOORS OR OUT?	AGE

22. Please list the pets you have owned in the past 20 years other than those listed above:

TYPE OF ANIMAL	INDOORS OR OUT?	SPAYED/NEUTERED (YES OR NO)	TIME OWNED	WHAT HAPPENED TO PET?

**DOG ADOPTIONS ONLY**

23. Do you want the dog for a (check all that apply): \_\_\_\_\_ House pet \_\_\_\_\_ Guard dog \_\_\_\_\_ Watch dog  
 \_\_\_\_\_ Companion \_\_\_\_\_ Gift \_\_\_\_\_ Company for other pet \_\_\_\_\_ To Breed \_\_\_\_\_ Family Member

24. Do you have a fenced yard? \_\_\_\_\_ If yes, how high? \_\_\_\_\_

25. Are you prepared to houstrain a new puppy or dog? \_\_\_\_\_

26. Do you plan to take your new pet to training? \_\_\_\_\_

27. Are you familiar with the leash and licensing laws in your community? \_\_\_\_\_

28. What will you do if your dog chews furniture or shows other destructive behavior? \_\_\_\_\_

\_\_\_\_\_

29. Are you familiar with crating? \_\_\_\_\_ Yes \_\_\_\_\_ No

What are your feelings on crating? \_\_\_\_\_

30. Are you familiar with heartworm disease? \_\_\_\_\_ Yes \_\_\_\_\_ No Heartworm Preventative? \_\_\_\_\_

31. How will you keep your dog confined to your property? (check all that apply)

\_\_\_\_\_ In house \_\_\_\_\_ Kennel \_\_\_\_\_ Fenced yard \_\_\_\_\_ On chain \_\_\_\_\_ Garage

\_\_\_\_\_ Patio \_\_\_\_\_ On leash \_\_\_\_\_ Invisible Fence \_\_\_\_\_ Dog house

**CAT ADOPTIONS ONLY**

31. Do you want this cat for a (check all that apply): \_\_\_\_\_ House pet \_\_\_\_\_ Mouser \_\_\_\_\_ Breeder

\_\_\_\_\_ Companion \_\_\_\_\_ Gift \_\_\_\_\_ Company for other pet \_\_\_\_\_ Other \_\_\_\_\_

32. Will this cat be allowed outdoors? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, under what circumstances? \_\_\_\_\_

33. Do you plan on having your cat declawed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please return this application to:

**Animal Welfare Society of Southeastern Michigan**  
**27796 John R, Madison Heights, MI 48071; Ph. 248-548-1150;**  
**Fax 248-548-1869; or Email to: animalwelfaresociety@yahoo.com**