



**Wood County
Humane Society**

Date: _____

Animal name: _____

Adopter information:

Name: _____

Phone number: _____

Address: _____

City/State/Zip: _____

Email address: _____

This pet is meant to be a gift for someone and I'm completing this questionnaire from their perspective

Household information:

How many people live in your household? Adults: _____ Children/ages: _____

Do you have any pets that live in your household? Cat(s) Dog(s) Other: _____

Where will your new pet live (check all that apply)? Indoors Outdoors

Where will pet spend time alone? _____

My ideal pet will (check all that apply):

- Not require much training (house/litterbox, crate, manners, etc.)
- Be accepting of visitors to my home
- Enjoy meeting new pets outside of my home
- Enjoy meeting new people and going places
- Be declawed (cats only)
- Be affectionate
- Be playful

I'm ok with (check all that apply):

- Providing or seeking training for: manners, house/litterbox, crate, etc.
- Allowing my new pet time to decompress before going on outings and having visitors
- Special needs (behavior and/or medical)
- Providing necessary exercise/enrichment
- An independent pet

Adoption add-ons* (check all that apply):

*Available for purchase at the time of adoption, at a discount.

Donation to medical fund (for pets requiring extensive medical care): _____

Canine:

- Slip lead \$2.00
- Heartworm prevention (based on weight)
1 month \$7 Adult only: 6 months \$25-\$35 1 year \$50-\$70
- Flea/tick prevention (based on weight)
1 month \$20 Adult only: 6 months \$100-\$115 1 year \$200-\$230

Feline:

- Cardboard Carrier \$5.00
- Flea/tick prevention (based on weight)
1 month \$10 6 months \$50 1 year \$100

Going home:

You will receive a medical summary about the pet, and we will cover dietary information at the time of adoption. Please check additional topics you'd like to discuss.

- Recommended preventative medical care
- House/litter box/crate training
- Exercise/enrichment/toys
- Introducing new pet to current pets
- Puppy/kitten socialization
- Finding a dog trainer
- Finding a veterinarian
- Preventing problem scratching/declawing
- Other: _____

By completing this form, I understand that WCHS will work to match me with the most appropriate pet, and that adoption is not guaranteed.

APPLICANT SIGNATURE: _____

*****OFFICE USE ONLY (STAFF INITIAL WHEN COMPLETE)*****

- _____ Copy of Driver's License
- _____ Adoption counseling
- _____ Adoption appointment scheduled
- _____ Scan for microchip
- _____ Medication(s), if any, prepped and reviewed with adopter
- _____ Adoption agreement
- _____ Adoption picture