



**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