



Pets:	Adoption Counselor:
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# Meet Your Match

## ADOPTION QUESTIONNAIRE

Thank you for choosing adoption! Please complete the following questions to help guide our conversation today.

Full Name: \_\_\_\_\_

Government ID Number (License, Passport, etc.): \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**We welcome adopters who rent. Most landlords have size, breed, and/or age restrictions, limits on number of pets, and may charge pet fees. If there are any restrictions we should be aware of, please list those here:**

**Tell us about your household including human members (e.g., # of adults/seniors/young children) and activity level (e.g., very active with many visitors, quiet, in between):**

**Tell us about pets at home (check all that apply):**

- We have one or more dog(s)     
  We have one or more small animal(s)     
  This is my first pet!  
 We have one or more cat(s)     
  I don't have any pets currently

Will your dog or cat spend time inside, outside or both? \_\_\_\_\_

What traits are you looking for in a pet? \_\_\_\_\_

Do you have a heartworm prevention plan? Yes, \_\_\_\_\_  Not yet, tell me more!

Other info you want to share about your pets or household? \_\_\_\_\_

**Looking at Dogs?**

What is your plan for your dog when you leave the house?

**Looking at Cats?**

How do you plan to prevent your cat from scratching the furniture?

**Adoption Counselor Notes:**

I recognize that there are inherent risks in handling unknown animals and that the Austin Humane Society (AHS) has limited information about many of the animals in its care. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless AHS and its agents, servants, and employees from any and all claims, causes of action, or demands of any nature based on injuries or damages that may be incurred or sustained by me in any way connected to my visit at AHS.

Signature \_\_\_\_\_

Date \_\_\_\_\_