

Plattsmouth Animal Shelter *Adoption Survey*

Name: _____
Address: _____ **City/Zip** _____
Phone: _____ **Email:** _____

Description/name of pet you are interested in: _____

This application is to help determine if the proposed adoption is in the best interest of both the pet and your family. Help us by answering the below questions:

1. Is this pet specifically for your home? yes no, where _____
2. Have you had pets before? yes no dogs cats Breed _____
3. Do you have pets now? yes no How many? _____ dogs cats
4. Do you live in home apartment mobile home other _____
5. Do you own rent Landlord's name _____ phone _____
6. Number of adults _____ Number of children _____ Ages of children _____
7. How many hours a day will your pet be alone (on a regular basis)? _____
 inside animal outside animal Will you crate your pet while gone? yes no
8. If outside, do you have a fenced yard? yes no Height _____ Type _____
9. If you do not have a fenced in yard, how will you make sure the pet stays home?

10. Do you understand that most dogs and cats need reinforcement on their potty behaviors when entering a new home? yes no Are you prepared for this? yes no

By signing this agreement, I am aware of the following:

- Most shelter animals have unknown medical backgrounds. I am prepared to take this pet for any Veterinary care that may be needed and provide any necessary medical treatment at my own expense.
- I agree to bring this pet back to the Plattsmouth Animal Shelter for the spay/neuter appointment on the date and time designated to me by the shelter if this procedure has not already been completed.
- If for some reason I am unable to care for my pet I will relinquish custody to the Plattsmouth Animal Shelter unless otherwise agreed upon by the Shelter.

Any additional information or concerns:

The answers given on this application are true to the best of my knowledge.

 Prospective Owner

 Date

 Identification, Driver's License or State issued ID