



# Friends of Michigan Animals Rescue

## Pet Adoption Questionnaire

*Thank you for filling out this profile and taking the time to discuss it with our adoption representatives.*

Date: \_\_\_\_\_  
Name \_\_\_\_\_ Drivers license # \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home/Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Email address: \_\_\_\_\_  
Length of time at address \_\_\_\_\_  
Do you:  Own  Rent  Live with parents  
Housing type:  House  Apartment  Condo  Manufactured Home

Name and number of mobile home park, condo, apt. complex, or landlord:

What are the restrictions or landlord requirements for housing a pet?

1. How many others are in the household (include ages of children)? \_\_\_\_\_

Is everyone in the household agreeable to this adoption?  Yes  No

2. Have you adopted from FMAR before?  Yes  No If yes, type of animal and when \_\_\_\_\_

Have you ever adopted from another shelter before?  Yes  No. If yes, please provide the below information.

Name of Shelter: \_\_\_\_\_  
Type of Animal: \_\_\_\_\_  
Date of adoption: \_\_\_\_\_

\* Please list at least two references (other than family or relatives)

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

3. Why do you want to adopt an animal?  Companion  For my child or relative  Hunting  Guard Dog  Other (please explain) \_\_\_\_\_

\* I have: \_\_\_ Fenced yard \_\_\_ Stationary tie-out \_\_\_ Outdoor run \_\_\_ Invisible fencing \_\_\_ Dog house

\* How do you plan to exercise your dog: \_\_\_ dog park \_\_\_ yard play \_\_\_ walks \_\_\_ indoor activity \_\_\_\_\_

\* At times we may or may not require a home inspection. Do you approve of a possible home inspection?

\* Do you believe this animal is a good match for you and why? \_\_\_\_\_

\* How would you describe your level of knowledge/experience with dogs:

\_\_\_ Had one or more dogs as an adult.

\_\_\_ Experience with dogs: \_\_\_ less than 30 lbs. \_\_\_ 30-60 lbs. \_\_\_ 60+ lbs.

\_\_\_ Experience with specific breeds: \_\_\_\_\_

\* Are you able to make a long-term commitment to care for this animal for the rest of its life? \_\_\_ Yes \_\_\_ No

\* Are you aware of the cost of owning a dog or cat for its lifetime, i.e. updating vaccinations, food, medical etc.

\* Are you familiar/aware of flea and heartworm medication and do you plan to provide? \_\_\_ Yes \_\_\_ No

#### 4. Current Pets

Type \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Spayed/Neutered: \_\_\_ Yes \_\_\_ No

Kept: \_\_\_ Inside \_\_\_ Outside \_\_\_ Both

How long have you had this pet?  
\_\_\_\_\_

Type \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Spayed/Neutered: \_\_\_ Yes \_\_\_ No

Kept: \_\_\_ Inside \_\_\_ Outside \_\_\_ Both

How long have you had this pet?  
\_\_\_\_\_

Type \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Spayed/Neutered: \_\_\_ Yes \_\_\_ No

Kept: \_\_\_ Inside \_\_\_ Outside \_\_\_ Both

How long have you had this pet?  
\_\_\_\_\_

5. Have you been the owner of other pets in the past five years? If so, where are these pets now?

Please list your current veterinarian \_\_\_\_\_ City \_\_\_\_\_ Phone  
Number \_\_\_\_\_

#### Pet Care Information

6. **Time Away From Home** \_\_\_ Home all day \_\_\_ Out part-time \_\_\_ Away 7-10 hours daily

7. **Our Pet Will Live** \_\_\_ Indoors only \_\_\_ Indoors/Outdoors \_\_\_ Outdoors only

8. **Home Atmosphere** \_\_\_ Grand Central Station \_\_\_ Some Activity \_\_\_ Zen Garden Serene

9. Is anyone in your household allergic to pets?

10. Who will be primarily responsible for this pet?

11. In the absence of the above, who will take care of this pet (i.e. vacation, emergencies)?

12. Do you plan to declaw this cat? \_\_\_ No \_\_\_ Yes If yes, why?

13. What is the one issue that would make you want to return this pet to the shelter?

**I certify that the above is true and that any false information may result in nullifying the adoption.**

**Completion of this form does not entitle you to an animal, nor does it obligate you to adopt an animal.**

**We must see documentation or contact your veterinarian for shot records on current pets.**

**\*We must see documentation or contact your landlord for approval of pet ownership.**

**\*If we cannot get these approvals, we cannot release a pet to you.**

**\*I have been made aware of and understand the following:**

Vaccinations/Tests given / Spay/ Neuter      **Initial here** \_\_\_\_\_

Adopters Signature \_\_\_\_\_ Date \_\_\_\_\_