

ADOPTION APPLICATION AND QUESTIONNAIRE

Please fill out this application and questionnaire carefully. Doing so does not obligate you to adopt a pet from NMAF, nor does it obligate NMAF to place a pet with you. This interview is designed to help you find a pet that is compatible with your lifestyle and to help the NMAF Adoption Counselor provide any information you may want or need to care for your new pet. Please respond accurately and completely to each question.

Name _____ Date _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____

Home Phone _____ Cell Phone(s) _____ Work Phone: _____

E-mail address _____

Please fill in the blanks and circle correct answers where applicable.

1. Are you at least 21 years of age? Yes No
2. Do you have a photo-identification with your current address? Yes No
3. Length of time at current address: _____ Planning to move? _____ When? _____

Current residence (Please circle): Rent/Own

House Condo/Townhouse Apartment Mobile home Live with relative/friend Base Housing

4. Do you have agreement of all family members/housemate(s) to adopt a pet? Yes No N/A
5. If you rent, please complete the following 4 questions. (If not, please skip them.)
 - a. Do you have the agreement of your landlord or rental complex to have a pet? Yes No
 - b. Landlord's/rental complex's name: _____
 - c. Does your lease allow you to have a pet? Yes No
 - d. What are the conditions of your lease regarding pets? (Fees, number/size of pet(s), declawed, etc.)

6. Current employer and work phone number: _____

7. If you are employed, how long have you been with your current employer? _____

8. How long have you been looking for a pet to adopt? _____

9. What sort of pet are you looking to adopt? _____ a dog _____ a puppy _____ a cat _____ a kitten

Please list your preferences as to breed or type, size, sex, age, fur, inside/outside pet, personality, etc.

10. NMAF does a home visit prior to adoption. Do you authorize our staff to visit your home? Yes No

11. Where will the pet you adopt spend its days? _____ Nights? _____

12. If you work outside the home, for how long will your pets usually be left alone? _____

13. Please list each and every pet you have now.

Pet's Name	Dog /Cat?	Spayed/Neutered?	Declawed?	Inside/Outside/ Both?	Current Age	How long with you?

14. Please list any other pets you have had within the last 12 to 15 years. _____

15. If you're adopting a cat, are you planning to declaw him or her? Yes No Don't know Maybe

16. Is anyone in your home allergic to pets? Yes No Don't know

17. Please describe the life and the kind of home your new pet will have with you. _____

18. How many people live in your home? ___ Adults ___ Children (Ages) _____

19. Are you planning to have a child, adopt a child, or move in the near future? Yes No

20. If you do not have children at home, please skip the next question.

What role will your children have in caring for this pet, if any?

___ Feeding

___ Training

___ Cleaning up

___ Grooming

___ Walking, exercising

___ Other activities _____

21. Name of your veterinarian(s) or pet clinic: _____

22. Do you give NMAF permission to call your vet for a reference? Yes No

23a. Will you always be able to take your pet to the vet if he/she is ill? Yes No

23b. Please describe your ability to pay for vet bills: Unlimited Limited (Please explain): _____

24. Would you like information about properly feeding or caring for your new pet? Yes No

25. If you travel, where will your pet stay? Who will care for your pet(s)?

26. Have you ever had to give up a pet? Yes No (If yes, please explain.) _____

27a. Do you have a fenced yard? Yes No If so, please describe the yard, the fence and gate.

27b. Do you have a doggie door? Yes No If so, where is it located, and to where does it lead?

28. If you have had dogs in the past, have they received obedience training? Yes No

29. If you're adopting a dog, are you interested in taking him to obedience classes? Yes No

If you are adopting a cat

30. Where will litter box(es) be kept? _____ 30b. How many litter boxes total? _____

31. If you have other cats, have they been tested for feline leukemia and feline immunodeficiency virus (FIV)? Yes No Don't know/not sure

32a. Does your home have screens on all windows? Yes No 32b. On all doors? Yes No

I the undersigned hereby affirm that the information I have given above is true, complete and accurate.

Signature of Applicant

Checklist for Interviewer:

- ___ Verify that all appropriate questions have been answered on the application.
 - ___ Make sure to give potential adopter an NMAF business card with the office e-mail address: NMAFinc@aol.com.
 - ___ Please remind potential adopter that it may take a couple of days to get back to them.
 - ___ Write your comments below.
 - ___ Make sure the application is delivered to an adoption screener or to the office as soon as possible.
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For NMAF home visit use:

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| 1. ___ proper pet identification | 11. ___ housebreaking |
| 2. ___ leash and licensing laws | 12. ___ litter box placement, type of litter, how many, etc. |
| 3. ___ destructiveness | 13. ___ possible behavioral issues and how to solve them. Call NMAF! |
| 4. ___ proper correction | 14. ___ safety: home hazards (toys, no cooked bones, chocolate, sewing supplies, floss, yarn, onions, raisins/grapes, antifreeze, cleansers) cats in/out; choke collar on dog; non breakaway collar on cat |
| 5. ___ crating your dog | 15. ___ introductions to people and other pets |
| 6. ___ cat carrier(s) | 16. ___ illnesses warranting visit to vet and info on pet insurance |
| 7. ___ proper diet | 17. ___ NMAF return over lifetime of pet; 2-week partial refund |
| 8. ___ need for exercise, scratch post | 18. ___ caution during first two weeks |
| 9. ___ vaccination (3yr. protocol) | 19. ___ commitment (financial; lifelong companion) |
| 10. ___ parasites | |

Notes: