

Please fill out the following questionnaire. Upon completion, it will be reviewed by one of our adoption counselors. In order to be considered for an adoption you must:

1. Be at least 18 years of age
2. Have the knowledge and consent of all adults living in your household
3. Have a valid ID with current address
4. Have your landlord's name and phone number or lease

Name: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Daytime #: _____ Evening #: _____

1. Which phone number is best to contact you regarding adoption follow-up calls? _____
2. What time of day is best to call? _____
3. Type of Home you live in: House ___ Apt. ___ Condo ___ Other ___
4. Do you own or rent? Own ___ Rent ___
5. How long have you lived there? _____
6. If you rent, are pets permitted in your lease? _____
7. Landlord's Name: _____ Landlord's Phone: _____
8. Do you plan on moving in the near future? Yes ___ No ___
9. If you have to move in the near future, what would you do with your pet?

10. If there are children in the household, what are their ages? _____
11. Is anyone in the household allergic to pets or have asthma? Yes ___ No ___ If yes, how severe is the allergy?

12. Number of adults in the household? _____
13. Have all members in the household agreed to the adoption? Yes ___ No ___
14. Current Vet's Name: _____ Vet's Phone: _____
15. If you have pets now, are they current on their vaccinations? Yes ___ No ___
16. Should your pet becomes ill are you able to afford a bill of \$100-\$500 (or more) for emergency vet? Yes ___ No ___
17. If there is a dog/puppy in the household there must be a meeting prior to bringing the cat/kitten home.

List animals you currently own or that are in your care/house and those you have owned in the past five years:

Pet 1

Dog ___ Cat ___ Name _____

Age _____ Spayed/Neutered? Yes ___ No ___

Heartworm preventative? (If dog) Yes ___ No ___

Kept inside outside or both? _____

Pet 2

Dog ___ Cat ___ Name _____

Age _____ Spayed/Neutered? Yes ___ No ___

Heartworm preventative? (If dog) Yes ___ No ___

Kept inside outside or both? _____

Pet 3

Dog ___ Cat ___ Name _____

Age _____ Spayed/Neutered? Yes ___ No ___

Heartworm preventative? (If dog) Yes ___ No ___

Kept inside outside or both? _____

Please answer the following regarding the care of your SNUGGLEBUG RESCUE, INC. animal:

1. Which animal are you interested in adopting? _____
2. Reason for wanting animal (circle **all** that apply):
Guarding Hunting House-pet Breeder Companion Gift Company for another pet
3. Is this your first experience with type of animal? Yes ___ No ___
4. Who will be responsible for caring for this animal? _____
5. Are you prepared to allow a **minimum of two weeks** for this animal to adjust to its new home? Yes ___ No ___
6. Are you committed to providing a responsible home for your animals' entire life, maybe 15 years or more? Yes ___
No ___
7. How will you house train your dog/puppy and teach it not to bark or jump, etc.?

8. Do you have a fenced in yard? Yes___ No___ If yes, what type of fence? _____
9. How often will you take your dog/puppy outside to use the bathroom? _____
10. Where will the animal stay during the day? _____ Night _____
11. How many hours a day will this animal be alone? _____
12. Where will this animal be kept while you are away from home? _____
13. Please list the names and phone numbers of two personal references:
A) _____
B) _____

By signing below, I certify that the information I have given is true and any misrepresentation of the facts may result in my losing the privilege of adopting a pet. I understand that SNUGGLEBUG RESCUE, INC. has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. I understand that this application is the property of SNUGGLEBUG RESCUE, INC..

Signature: _____ Date: _____