

North Carolina Animal Alliance  
P.O. Box 655  
Bunn, North Carolina 27508  
252-478-6088

Pet Name You Are Interested In: \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_

1. Why did you choose this particular dog/cat? \_\_\_\_\_

\_\_\_\_\_

2. Will this new pet be a companion for: \_\_\_\_\_ Myself \_\_\_\_\_ Another Pet \_\_\_\_\_ Friend

3. What qualities are you looking for in a pet? \_\_\_\_\_

4. How long have you been thinking about getting a pet? \_\_\_\_\_

5. List all of your current pets and pets that you've had in the past (12) years:

Type of Pet	Spayed or Neutered?	Indoor Outdoor Both?	Living? Deceased?	If Living, Current on Vaccines?	If Deceased, list cause of death

6. Children living at home under the age of 18:

Name	Age	Name	Age

7. List the name and phone number of your veterinarian \_\_\_\_\_

8. May we contact him/her for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Do you own or rent your home? Own \_\_\_\_\_ Rent \_\_\_\_\_

Landlord's Name & Number \_\_\_\_\_

10. How many hours per day will your new pet be left alone? \_\_\_\_\_ If more than 8 hours, explain:

\_\_\_\_\_

11 . List all the members of your household, their' age, and whether they agree with getting this pet?

12. If you are adopting a cat, do you plan to declaw it?  Yes  No  Depends  
If so, would you consider a laser declaw?  Yes  No

13. If you are adopting a dog, is there a fenced in yard?  Yes  No Fence Height \_\_\_\_\_

14. Will the pet be kept inside, outside, or both?  Inside  Outside  Both

15. Will the pet be the only pet?  Yes  No Explain \_\_\_\_\_

16. Where will the pet stay while you are not at home? \_\_\_\_\_

17. Where will your pet sleep? \_\_\_\_\_

18. What rules will you establish for your pet? \_\_\_\_\_

19. What form of discipline will you use on your pet? \_\_\_\_\_

20. Have you ever adopted an animal from a rescue group or humane society?  Yes  No

If yes, which one? \_\_\_\_\_

21. Check any of the following reasons you would give your pet away:

Moving  Allergies  Children won't take care of it  
 New baby  Getting married  Getting divorced  
 Too expensive  Too Big  Sheds  
 No longer plays  Destructive  Fleas/other parasites  
 Other (Please Explain) \_\_\_\_\_

22. List the name and phone number of two additional pet references:

23. Would you have any objections if a NC Animal Alliance volunteer made a follow-up call or visit after the adoption? Yes  No

Approved  Denied

If Denied, Reason \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_