



Adoption Questionnaire

53 Maple Avenue • Scotia, NY 12302 • (518) 374-3944 • www.animalprotective.org

Thank you for your interest in adopting a shelter pet. While our application may seem lengthy, it truly helps us to find the best match for you and your household. Please answer questions honestly. There are no right or wrong answers. Please print clearly.

Name Mr. Mrs. Ms. Dr. First _____ Last _____

Are you at least 18 years of age? Yes No Are you 60 or older? Yes No

If you are 60 or older, please ask about our senior adoption program.

Name of spouse or roommate(s) _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Would you like a sample-sized bag of Hill's Science Diet? Hill's asks that you please provide your email address so that they may send you additional information and special offers.

Please check here if you **do not** wish to have your name and email address given to Hill's Science Diet

Please note: We are unable to provide a sample bag of food without an email address

Email address(es) _____

I would like to receive monthly updates and special offers from the APF via email

What type of pet are you looking for? Cat Dog Small animal (type?): _____

Have you owned this type of pet before? Yes No

What personality characteristics would you prefer? _____

What activity level are you looking for? Low Medium High No preference

What pets do you currently own?

Type/Breed	Age	Sex

Including yourself, how many adults live in your household? _____

Are there any children living in your home? Yes No If so, what are their ages? _____

Are there children who visit your home? Yes No

If so, what are their ages and how often do they visit? _____

Where will this pet be kept?

When someone is home: Indoors Outdoors

When no one is home: Indoors Outdoors

How many hours per day will the animal be left alone? _____

Over Please →

If adopting a dog:

How will the dog be confined when outside? _____

How will you exercise your dog? _____

Do you plan to take a dog training class? Yes No

How did you hear about the pet you are interested in? APF Website Shelter Visit Newspaper Pets on 6
 Pet Connection Petfinder Radio Word of Mouth Other: _____

By signing this document, I am accepting all of the risks associated with handling animals during the adoption process. I understand that this document will be retained by the APF. I further attest that the information given is true and understand that giving false information may result in application denial.

Signature _____ **Date** _____

Microchip and Insurance Consent

All APF cats and dogs are microchipped prior to adoption with a 24 PetWatch microchip. If you would like to receive information from the company, please select "yes" to consent below.

Adopters who consent to share their information with Pethealth Services are also offered a 30-day free gift of pet insurance. By selecting "no" below, you will not receive this gift of insurance.

From Pethealth Services (US) Inc:

With your 24PetWatch microchip, we offer you free lost pet services, as well as exclusive offers, promotions and the latest information from 24PetWatch regarding microchip and insurance services.

Pethealth Services (USA) Inc., Pethealth Services Inc, PTZ Insurance Services Ltd. and PTZ Insurance Agency Ltd may contact you via commercial electronic messages, automatic telephone dialing systems, pre-recorded/automated messages or text messages at the telephone number provided above, including your mobile number. These calls or emails are not a condition of the purchase of any goods or services.

You understand that if you choose not to provide your consent, you will not receive electronic enrollment notification regarding the trial/gift/voucher of insurance and/or free lost pet services which includes being contacted with information in the event that your pet goes missing.

You may withdraw your consent at any time.

YES, I consent for Pethealth Services to contact me **NO**, do not provide my information to Pethealth Services

Would you like to opt into the Petco Pals Rewards program to get rewards on purchases, special savings and members-only emails and offers for your new pet? **YES** **NO**

FOR APF USE

Ok to meet Approved Not approved Reason: _____

Further action required: _____

Staff name _____ Date _____

Type and number of applicant identification _____