



OTSEGO COUNTY ANIMAL CONTROL

256 Fairview
Gaylord, MI 49735
(989) 705-7632

www.otsegocountymi.gov

Adoption Questionnaire

The answers you give on this questionnaire will help us to find the best possible match between you and the animals available at our shelter.

PLEASE FILL OUT COMPLETELY.

Name(s) _____ Home Phone _____

Address _____ Work Phone _____

City/State/Zip _____

E-Mail Address _____

Occupation _____ Employer _____

Are you interested in adopting (*please check all that apply*): Male Female No Preference

Dog Puppy Cat Kitten

If interested in a dog/puppy:

If interested in a cat/kitten:

I want a dog who will live:

- Inside with us
- Partly indoors/partly outdoors
- Outside in a kennel
- Outside on a chain

I want a cat who will live:

- Inside with us
- Inside/outside
- Strictly outside

Why are you interested in adopting an animal from the shelter? (*check all that apply*):

- To add a new member to our family
- A companion for myself
- A companion for my children
- My children want a new pet
- Sporting/hunting
- Breeding
- Guarding
- Other _____

What size of animal would you like to adopt: Small Medium Large Any Size

When would you like to adopt an animal?

Today In a few weeks In a few months When the right animal is available

Have you discussed adopting a new pet with the rest of the members in your household? Yes No

If yes, do all members of the household agree that it is a good idea to add a new pet to the household?

Yes No Why or why not? _____

Environment: House Apartment Own Rent

Does your lease allow pets? Yes No Landlord/Rental Agency Name _____

Do you have a fenced yard? Yes No Height of the fence _____ Style _____

If no fence, how will you handle exercise and toilet duties for the dog?

Do you have children at home? Yes No If yes, how many _____ ages _____

Do you have other pets? Yes No

<i>Name of Pet</i>	<i>Type of Pet & Breed</i>	<i>Age & Gender</i>	<i>Has the animal been spayed or neutered?</i>	<i>How long have you cared for this animal?</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are your animals up to date on their vaccinations? Yes No *Current Dog Lic? _____*

Who is your veterinarian? _____ Phone _____

Are you interested in a particular animal at the shelter? If so, what is the name of the animal or description:

Is there someone home during the day? Yes No Is there someone home at night? Yes No

How long will the animal be left alone during the day? _____

Where will the animal stay when alone? _____

Where will the animal spend most of his/her time? _____

Have you ever taken a pet to a shelter/rescue or had a pet run away? Yes No
If yes, please explain:

I have truthfully completed this questionnaire.

Print name _____ Date _____

Signature _____

Thank you for completing this questionnaire!