

M&M's Fur-Ever Furbabies



Pre-Adoption Questionnaire

Directions: Please complete all of the following questions to the best of your ability and return when finished.

Personal Information:

Adopters Name: _____

Home Phone: _____ Cell #: _____

D.O.B: _____

Email Address: _____

Driver's Licence #/State: _____

Are you currently employed: YES / NO

Company Name: _____

Spouse/Other Information:

Name: _____

Home Phone: _____ Cell #: _____

D.O.B: _____

Email Address:

Driver's License #/State:

Are you currently employed: YES / NO

Company Name: _____

Misc Resident Information:

Do any others currently reside in the home on a full/part time basis? YES / NO

If "YES" Please List: _____

How many children (If Any): _____ Ages: _____

Health Conditions/Issues: YES / NO

Do children have previous experience with or exposure to animals: YES / NO

Residential Information:

Home Address: _____

City: _____ State: _____ Zip: _____

How long have you resided at this address: _____

Please Circle: RENT / OWN

If "RENT" does landlord allow pets: YES / NO

If "YES" are there any breed restrictions (If Applicable): YES / NO

Can you provide landlord's written & signed consent: YES / NO

Is this where the rescue animal will reside with you: YES / NO

Apartment: _____ House: _____

Condo: _____ Mobile Home: _____

Will pets be kept indoors or outdoors: _____

What happens to the pet if you move: _____

Other Adoption Information:

What do you think makes this particular pet a good choice for you: _____

Have you had experience with this particular breed: YES / NO

Do you have a fence around your yard: YES / NO

If "NO" how do you plan to keep your pet safe? Please describe: _____

How will you exercise your pet: _____

During work hours where will your pet be kept: _____

How will your pet be fed/watered during that time: _____

Where will your pet be sleeping/kept during the night: _____

Other Adoption Information (Con't):

What kind of other pets do you have in the home? Please list: _____

(If Any) Are they all current on their vaccinations: YES / NO

What is the name of your current Vet Clinic (If Applicable): _____

Vet Clinic Address (If Applicable): _____

City: _____ State: _____ Zip Code: _____

Vet Clinics Phone Number (If Applicable): _____

(NEW Adopters ONLY) List Name/Address/Phone for intended New Vet Clinic: _____

Does anyone in the household have Allergies/Asthma: YES / NO

If "YES" will this cause an issue for the person or pet: YES / NO

Has anyone including yourself that lives in the home ever been convicted of the following - Animal Cruelty/Neglect/Abandonment of any animals: YES / NO

If "YES" list when & explain (Will NOT affect adoption): _____

Has anyone including yourself/spouse ever had to give up a pet: YES / NO

If "YES" Please explain (Will NOT Affect Adoption): _____

Any further information you feel we should know or you'd like to tell us please do so here: _____

Please include any questions or comments you may have or would like to know: _____

I, (**adopter's name**) _____ certify that all information provided on this form is true. I give permission to M&M's Fur-Ever Furbabies to verify information as needed. I am aware that M&M's does not discriminate against sex, race, religion or disability. It's been explained that my completion of this form does not guarantee or deny any potential adoption. I understand that a home check may be mandatory prior to adopting a pet, also. Any false statement MAY terminate potential adoption.

Adopter Name: _____ **Date:** _____

Adopter Signature: _____

Spouse/Other Name: _____ **Date:** _____

Spouse/Other Signature: _____

Please Return To:

M&M's Fur-Ever Furbabies
Email: mmffrescue@gmail.com