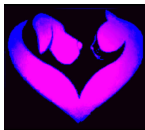


M&M's Fur-Ever Furbabies



Pre-Adoption Questionnaire

**PET'S NAME:** \_\_\_\_\_

**Primary Applicant Information**

Applicant's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SS#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's Licence #/State: \_\_\_\_\_

Are you currently employed: YES / NO Length of Employment: \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

**Spouse/Other Information**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SS#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License #/State: \_\_\_\_\_

Are you currently employed: YES / NO Length Of Employment: \_\_\_\_\_

Company Name: \_\_\_\_\_

**Misc Resident Information**

Any Children: YES / NO If "YES" AGE OF EACH: \_\_\_\_\_

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

Please List Names/Ages For Anyone Else Living In The Home: \_\_\_\_\_

Would Adopting Cause A Health/Allergy Issue or Concern For Anyone In The Home: YES / NO

## **Residential Information**

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you been living at your current residence: Years: \_\_\_\_\_ Months: \_\_\_\_\_

What is your Current Tenant Status:

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

Does your property have a fenced front or back yard: YES / NO

If "NO", How do you intend to keep your pet safe while outdoors: \_\_\_\_\_

Please check your current type of residence:

Apartment

House

Condo

Mobile Home

Where will your pet be kept or housed:

INSIDE

OUTSIDE (KENNEL)

What will happen to the pet if your asked to move unexpectedly or by choice: \_\_\_\_\_

## **"Other" Adoption Information**

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

Why do you believe this pet is a good choice for you: \_\_\_\_\_

How do you intend to provide exercise for your pet: \_\_\_\_\_

During normal work hours, where do you intend to keep the pet: \_\_\_\_\_

How will he/she eat or drink during the time your away: \_\_\_\_\_

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

Do you currently own any pets, if "YES" list each: \_\_\_\_\_

Are the current pets up to date & fully vaccinated: YES / NO

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

Current Vet Clinic Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Veterinarian Contact Number: \_\_\_\_\_

**- (NEW Adopters ONLY) -**

Provide contact info to the intended vet/clinic you've chosen for the new pet:

\_\_\_\_\_

Does anyone in the home have pet induced asthma or allergies to pets/dander: YES / NO

Has anyone in your home, including yourself ever been convicted or charged with an offense related to Animal Cruelty/Neglect or Abandonment of Animals: YES / NO

If "YES", please 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.

**Name of Primary Adopter:** \_\_\_\_\_

**Primary Adopters Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Name of Spouse:** \_\_\_\_\_

**Spouse's Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Please Return Application To:**

M&M's Fur-Ever Furbabies  
Via Email: [mmffrescue@gmail.com](mailto:mmffrescue@gmail.com)

Or Mail Application To:

**MMFFRescue**  
**450 CARTHAGE STREET #474**  
**CAMERON, NC 28326**