



Animal Adoption Questionnaire

Your contact details

Date / /

Name

Surname

Street Address

City

State/Province/Region

Zip/Postal Code Country

Telephone Email

Pet Interest

Animal type you are interested in:

Cat/Kitten Dog/Puppy Other:

Your family

Who are you adopting this pet for?

Myself Family Other

Who will be the primary caregiver for this pet:

Me My partner My child Other

Number of children at home?

Please list ages:

Pet allergies in the family?

Your pets

Are there other pets CURRENTLY in your household?

Type (e.g. dog, cat)	Breed (e.g. kelpie)	Age	M/F	Desexed	How long owned
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you owned any pet previously?

Type (e.g. dog, cat)	Breed (e.g. kelpie)	Age	M/F	Desexed	How long owned
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your home lifestyle

What type of home do you live in?

Farm/acreage Suburban block Apartment

Townhouse/unit Other:

Do you?

Own Rent Government housing

Do you have your landlord's permission to have pets?

Yes No

How many people live in the home?

Where will your pet stay during the day?

Mainly indoors Indoor enclosure/crate

Free access (petdoor) Outdoor enclosure

Free-roaming Garage

Fenced yard:

Fencing material and height

Where will your pet sleep at night?

Indoors Outdoors Enclosure

On average, how many hours will you spend with your pet:

Weekdays Weekends

On average, how many hours will your pet be alone on:

Weekdays Weekends

Would you consider adopting an animal with special behavioral or medical needs?

Yes No Unsure *Please note some animals may require behavioural or veterinary consultation prior to going home.*

Can you please tell us where you heard about adoptions from the Sezar Sanctuary?

Facebook Instagram Telegram Our website Newspaper advert Family or friend

Other, please specify: _____

This section to be completed by Sezar Sanctuary Adoption staff

Adoption team member name

Date

Did person adopt / not adopt

Adopted animal of interest Adopted another animal Did not adopt today

Notes

Topics required to be covered before finalizing adoption.

GENERAL:

Microchip/pet ID Housing Fencing/containment Financial considerations

MEDICAL:

Dietary Vaccination and preventative treatments Stitch removal Common health concerns (cat flu/FIV/kennel cough/giardia/myxamatoxis/calicivirus Health guarantee explained

BEHAVIOURAL:

Settling into a new home Intro to children and pets House training Enrichment Exercise requirements

SPECIAL ADOPTION ANIMAL?

Behavioural Medical indemnities provided Relevant handouts provided

- I confirm that I have provided Sezar Sanctuary with true and accurate information in my adoption questionnaire.
- I agree that the Adoption Team Member has explained the above information to me and I have understood the conditions relating to the adoption.

Adopter name _____ Adopter signature _____