

Heart of Minnesota Animal Shelter
880 Century Avenue
Hutchinson, MN 55350
320-234-9699

Date _____
Animal Name _____
Animal Number _____

Pre-Adoption Questionnaire

This form must be completed prior to the adoption of a cat or dog. This information will help HMAS achieve its goal of finding permanent, responsible, loving homes for the animals in its care and allow HMAS to better assist you in finding a pet well suited to your life. HMAS reserves the right to refuse/deny any adoption.

Applicant Information

Name: _____ Home Phone No. _____

Spouse/Partner Name: _____

Address: _____
City State Zip

Employer: _____ Work Phone: _____

Spouse/Partner Employer: _____ Work Phone: _____

E-Mail Address: _____

Other Household Member Information

Are there any other adults in your home? Circle one Yes No
If yes, what are their name(s), gender, and age?

What will their involvement be with the pet? _____

Are there any children in your home? Circle One Yes No

If yes, what are their name(s), gender, ages? _____

What will their involvement be with the pet? _____

Home Information

Do you reside in: Single Family House Townhouse Condo Duplex Apartment Mobile Home

Do you: Circle One Rent Own

If renting, please provide name, address and telephone number of landlord.

How long at current address? _____

Will you be moving soon? Circle One Yes No

If yes, what are your plans for this pet? _____

Is everyone in the household aware of the decision to adopt a pet? Circle One Yes No

If not, why? _____

Is anyone in your home allergic to cat/dogs? Circle One Yes No Not Sure

If so, would allergy medication be considered as an option? Circle One Yes No

If no, how will you cope with this and what will happen to this cat/dog? _____

Who will be the person responsible for the daily care of the pet, such as feeding, exercise and litter box cleaning?

Are you a frequent traveler? Circle One Yes No
If yes, who will be responsible for the care of your pet while you are away? Will the pet be comfortable with the new caregiver and will the caregiver be reliable for this care? _____
Is your yard securely fenced? Circle One Yes No
Do you have a cable run? Circle One Yes No
If no to the above two questions, and you are adopting a dog, how will the dog's bathroom exercises be handled?

What are the requirements of cat/dog ownership in your community?

Other Pet Information Please tell about the pets you have had in the last five (5) years

Pet # 1

Name: _____ Type: _____ Breed: _____

Age: _____ Sex: _____ Weight: _____

Spayed or Neutered? Circle one Yes No
Vaccinations Current? Circle One Yes No
If dog, currently on heartworm preventative? Circle one Yes No
Date of last vet visit? _____
Do you still have this pet? Circle One Yes No
If No, what happened? Circle One Lost Stolen Gave Away Died Other
Please explain – be specific _____

Pet # 2

Name: _____ Type _____ Breed: _____

Age: _____ Sex: _____ Weight: _____

Spayed or Neutered? Circle One Yes No
Vaccinations Current Circle One Yes No
If Dog, currently on heartworm preventative? Circle One Yes No
Date of last vet visit? _____
Do you still have this pet? Circle One Yes No
If No, what happened? Circle One Lost Stolen Gave Away Died Other
Please explain – be specific _____

Pet # 3

Name: _____ Type: _____ Breed: _____

Age: _____ Sex: _____ Weight: _____

Spayed or neutered? Circle One Yes No
Vaccinations Current? Circle One Yes No
If Dog, currently on heartworm preventative? Circle One Yes No
Date of last vet visit? _____
Do you still have this pet? Circle One Yes No
If No, what happened Circle One Lost Stolen Gave Away Died Other
Please explain – be specific _____

Have your own pets been introduced to other animals? Circle One Yes No No other pets

If so, how did they react? _____

What would you consider a realistic cost to properly care for a cat/dog for one year? _____

Please explain. _____

What other expenses would you expect to pay? Please explain and be as specific as possible. _____

Would you consider a cat/dog with special needs or a disability? Circle One Yes No

Anticipated Plans & Daily Routine

If adopting a dog, what are you plans for the dog? Circle all that apply Pet Guard Hunting

Agility Therapy Obedience Other

How many hours a day will the cat/dog be left alone? _____

Where will the cat/dog spend most of it's time? _____

Will the adopted pet be housed: Indoors _____ Outdoors _____ Both _____

If outdoors, please be specific about arrangements. _____

Where will the cat/dog sleep? _____

If adopting a dog that is used to being crated, will you provide a crate? Circle One Yes No

How long are you willing to work with this pet if there are any behavior problems? _____

List the types of behavior problems that you consider NOT acceptable _____

What will you do if your cat/dog is destructive while left alone? _____

What reasons might cause you to return this pet? _____

What is your definition of disciplining a cat/ dog? Please provide examples _____

(Do I realize that punishing the pet after-the-fact will not make me feel better nor will it help the animal understand)?

What do you think of obedience training, if adopting a dog? _____

Have you ever obedience trained a dog before? Circle One Yes No
Are you willing to attend obedience training with your dog? Circle One Yes No

If no, please explain reasons: _____

How will you exercise your dog? How often? Please explain in detail. _____

How long do you think it will take a cat/dog to become adjusted in your home? _____

Are you willing to deal with housebreaking issues that sometimes occur with new pets? Circle one Yes No

If no, what will happen to the pet? _____

What will your feeding schedule be? _____

General Information

Have you ever adopted an animal from Heart of Minnesota Animal Shelter before? Yes No

If yes, when? _____ Dog or Cat _____ Name of Animal _____

Have you ever applied to adopt an animal from Heart of Minnesota Animal Shelter before? Yes No

If yes, when? _____ Dog or Cat _____

How did you hear about Heart of Minnesota Animal Shelter? Circle all that apply Saw At Event
Newspaper Ad Internet Search Friend/Family Member Another Website Other -Please List

Do you agree that if you can no longer care for this pet and cannot rehome it yourself, you will contact HMAS and ask assistance in rehoming? Circle One Yes No
What circumstances, in your mind, justify getting rid of a cat/dog? Please be specific:

At what point would you consider euthanasia? _____

Do you agree to provide the names and telephone numbers for three personal references unrelated to you?

Circle One Yes No

Do you agree to allow Heart of Minnesota Animal Shelter to conduct a pre-adoption home visit?

Circle One Yes No

Additional information or comments: _____

Veterinarian Information

Vet/Clinic Name: _____

Address: _____

Phone Number: _____

Please check all spaces below. If any of the spaces are left unchecked, your application will be reconsidered.

_____ By checking the space, I am indicating that I am at least 18 years of age.

_____ By checking this space, I am stating that I am financially and physically able to care for this cat/dog. I understand that proper food and veterinary care can be costly and I am able to meet these requirements.

_____ By checking this space, I understand that if the information contained herein is found to be false, my application can be refused or said cat/dog adopted shall be relinquished to Heart of Minnesota Animal Shelter without a refund of monies paid.

_____ By checking this space, I understand that should I adopt from Heart of Minnesota Animal Shelter, the adoption fee, in its entirety, goes toward the care for all of the rescued cats and dogs and that this adoption fee is nonrefundable.

I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS ACCURATE AND TRUE. I UNDERSTAND THAT ANY MISREPRESENTATION OF THE ABOVE INFORMATION MAY AUTHORIZE THE HEART OF MINNESOTA ANIMAL SHELTER TO DENY APPLICATION, REFUSE ADOPTION AND/OR RECLAIM THE ADOPTED PET. I UNDERSTAND THAT IF THE PET IS RECLAIMED, THERE WILL NOT BE A REUND OF MONEY. I ALSO HAVE READ AND AGREE TO THE RETURN/EXCHANGE POLICY ATTACHED TO THIS APPLICATION.

Signature _____ Date _____

HMAS Representative #1 _____

HMAS Representative # 2 _____

Staff Use Only

ID Number: