

**STAFF USE ONLY**

Date \_\_\_\_\_

Animal Name \_\_\_\_\_

Animal ID# \_\_\_\_\_

Hold Date \_\_\_\_\_

Hold Time \_\_\_\_\_

First Hold    Second Hold    Notify Available    Notify Adopted    No Show



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www.yakimahumane.org

**Pre-Adoption Questionnaire – Dog / Puppy**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Drivers License/ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (required for 30 days of free Pet Insurance): \_\_\_\_\_

Emergency Contact (required for microchip registration): \_\_\_\_\_ Phone: \_\_\_\_\_

**Household:**

Do you live in:    House    Condo    Mobile Home    Parents Home    Apt., Complex Name: \_\_\_\_\_

Do you:    Rent    Own   If renting, Landlords Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list the names of all your household members. Include ages for household members under the age of 18.

\_\_\_\_\_  
\_\_\_\_\_

For whom are you adopting this pet?    Self    Children    Family    Gift    Other Pet    Other: \_\_\_\_\_

Who will be primarily responsible for the care and supervision of the animal? \_\_\_\_\_

Will this dog be in the presence of children frequently?    Yes    No   If yes, what ages? \_\_\_\_\_

My adopted dog will primarily be an...    Indoor Dog    Indoor / Outdoor Dog    Outdoor Dog

How will you confine your adopted dog to your property when outdoors? \_\_\_\_\_

When I'm not at home, my dog will spend his/her time...    In the garage    In crate    Loose in house    Loose in yard

**Long Term Care:**

What will happen to this dog if you move? \_\_\_\_\_

Do you have a Veterinarian for your pet(s)?    Yes    No    N/A   Name of clinic: \_\_\_\_\_

Approximate date of last vaccinations for your current pet(s): \_\_\_\_\_

Please list the pets that you have had in the past **five** years (both current and those you no longer own):

Breed/Type	Age	Gender	Spayed/Neutered	How long owned?	What happened to him/her?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**I CERTIFY THAT THIS INFORMATION IS TRUE AND UNDERSTAND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION.**

**I understand that this questionnaire remains the property of the Yakima Humane Society.**

Signature (over 18 years): \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this questionnaire. Please return it to the Adoption Desk so that we may review it with you. The entire adoption process usually takes at least a half hour.