

Living the Dream Rescue Adoption Questionnaire*

Applicant Name: _____ Date of Birth: _____ (Must be 21)

Address: _____

Address (cont'd): _____ Phone: _____

Email: _____

Animal Name: _____ How did you hear about this pet? _____

*Living the Dream Rescue reserves the right to refuse an adoption – completion does not guarantee an animal will be adopted to you.

Family:

Number Of adults: _____

Number of Children: _____

☐ Age 0-4 years old?

☐ 5-12 years old?

☐ 13 years old and up?

Does anyone have cat allergies? Y / N

Daily Pace of home: _____ Calm/ Quiet
_____ Moderately Active
_____ Very Busy/Chaotic

☐ I am a College Student

My Current Pets:

☐ Number of cats _____

☐ Number of dogs _____

Breeds _____

☐ Current Pets are Spayed/Neutered

☐ Current Pets have Vaccinations.

☐ Current Pets receive regular vet care.

Behavior of current pets:

☐ Dogs have been with:

o Cats _____ Dogs _____

☐ Cats have been with:

o Cats _____ Dogs _____

☐ My pet has shown aggression towards other animals.

Isolation ability: LTD recommends a 10-14 day isolation period from other animals in the home.

☐ Separate room

☐ Bathroom

☐ Kennel/cage

☐ No separate space

Pet's Living Arrangements:

☐ Indoors Only

☐ Outdoors Only

☐ Both Indoors/Outdoors

☐ Pet Door – separate

☐ Pet Door – Access to outside

Housing Arrangements:

☐ Campus Housing/Dorm

☐ Live with parents/family

☐ Apartment/Condo

Pet Deposit amount _____

Paid Y _____ N _____

☐ Rent House/Condo

☐ Pets Allowed? Y _____ N _____

☐ Have roommates: # _____

☐ Are they ok with a pet Y _____ N _____

☐ Own Home

Experience with Cats:

☐ First time owner

☐ Have had special needs cats.

☐ Have had many cats.

☐ Familiar with kitten training

Experience with Dogs:

☐ First time owner

☐ Have had this breed.

☐ Have had many dogs.

☐ Familiar with Puppies/Puppy training

What happened to your last pet:

☐ : _____

☐ What kind of pet?

Cat _____ Dog _____ Other _____

☐ When (MM/YY): _____

☐ Where did the pet go:

Have you ever gotten rid of a pet:

☐ Yes _____ No _____

☐ If Yes: What kind of pet?

Cat _____ Dog _____ Other _____

☐ When (MM/YY) _____

☐ Where did the pet go:

☐ Why was the pet rehomed:

If my newly adopted pet did these things I would return it to LTDR (select all that apply):

☐ Rough play, Scratching, Biting

☐ Was shy or timid, scared of people.

☐ Too friendly, affectionate all the time.

☐ Needed training for behavior issues.

☐ Chewed things up.

☐ Accidents in house/not using litterbox.

☐ Developed medical issues.

☐ Makes too much noise/barks/meows.

Pets Medical Care:

☐ I have a veterinarian I like.

Clinic: _____

☐ Need to find a veterinarian near my home!

☐ Will provide shots/routine care ~\$500/yr

☐ Able to provide emergency care \$500-2000

☐ Plan to declaw my cat.

Who will take care of your pet if you:

Are on Vacation: _____

Moving: _____

Sick/Injured: _____

Get Married/Divorced: _____