

Preliminary Adoption Application

Animals Name _____



This questionnaire must be completed by anyone interested in adopting a pet from Shangri-La Sanctuary. We at Shangri-La Sanctuary try to place our animals into permanent, responsible homes, while matching the pet to you and your lifestyle. **NOTE: THE PROVIDING OF FALSE INFORMATION HEREIN WILL RESULT IN THE FORFEITURE OF ADOPTION FEES AND ANY ANIMALS ADOPTED. We reserve the right to refuse an adoption based on poor or incomplete vet history.**

Name: _____ Date: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____ Email: _____

1. How long have you lived at the above address? _____

2. What type of pet are you looking for? () Dog () Cat () Puppy () Kitten () Other _____

3. Please indicate the reason for adopting a pet (check all that apply):
() Family Pet () Child's Pet () Watchdog () Companion () Hunting Dog
() Barn Cat/Mouser () Guard Dog for Business () Companion for Pet () Other _____

4. Are you or your spouse currently employed? () Yes () No If no, please explain _____

5. Are you 21 years of age or older? () Yes () No
Do you live with your parents or other relatives? () Yes () No

6. Are you interested in adopting for: () Yourself () Family () Someone Else? _____

7. Do you live in a: () House () Apartment () Condo () Mobile Home () Duplex () Townhouse

8. Do you own your home? () Yes () No If no, does your lease allow pets? () Yes () No
List landlord/apartment complex name & phone number _____

9. How many people live in your household? _____
Do all members know that you plan to adopt a pet? () Yes () No

10. What are the ages of any children in your household? _____

11. Does any member of the household have allergies? _____

12. Will an adult be home during the day? _____

13. Who will be responsible for taking care of your pet? _____

14. If adopting a dog or puppy:
What procedures will you use for housebreaking? _____
How will you handle chewing or destructive behavior? _____

15. If adopting a cat or kitten:
How will you handle scratching or destructive behavior? _____

16. Have you ever adopted from Shangri-La Sanctuary or another shelter? () Yes
() No If yes, which shelter and where is that pet now? _____

17. How many cats and/or dogs have you owned in the past five years? Dogs _____ Cats _____
Where are these pets now? (Be Specific) _____
If pet is deceased, please list cause of death _____
18. Have you ever turned an animal into Clayton Co. Animal Control or another shelter? () Yes () No
If yes, under what circumstances? _____
19. Have you ever had to give up one of your own pets? () Yes () No
If yes, under what circumstances? _____
20. Has a dog died on your premises of distemper, parvo or unknown causes within the last three months? () Yes () No
21. Has a cat died on your premises of distemper, leukemia or unknown causes in the last three months? () Yes () No
22. Do you currently own a pet? () Yes () No What type/kind? Dog _____ Cat _____
Please list the animals' name(s) with age, sex and breed _____

23. Do/did your current/past pets live indoors or outdoors? _____
24. Are/were your current/past pets shots up to date? () Yes () No If no, explain _____
25. Are/were your current/past pets spayed or neutered? () Yes () No If no, explain _____
26. Are/were your dogs on heartworm preventative? () Yes () No If yes, which brand/product? _____
If yes, where do/did you purchase heartworm preventative? () Vet Clinic () Online () Other _____
27. Current/most recent Vet Clinic used _____ Phone # _____
Additional Vet Clinics that have cared for your pets _____ Phone # _____
In whose name are the vet records listed (if other than yourself)? _____
28. Are you willing to go to the expense and trouble of taking your new pet to a veterinarian for full preventative healthcare AT LEAST once a year? () Yes () No
29. Will your new pet live: () Indoors () Outdoors () Both Where will your pet sleep? _____
30. Is there a yard available? () Yes () No If yes, is the yard completely fenced? () Yes () No
How tall is the fence? () 6 foot () 4 foot () Other _____
What type of fencing? () Chain Link () Wooden Privacy () Cattle Wire () Other _____
Is there a dog house? () Yes () No
31. What do you plan to do with your pet when you go on vacation? _____
32. If you have to move, what would you do with the animal? _____
33. Would you object to an authorized representative of Shangri-La Sanctuary inspecting the animal and premises where the animal is being kept? () Yes () No

I authorize Shangri-La Sanctuary to contact the veterinarian office named above to confirm the medical records/history of my pets.

Signature

Once complete, please email to slsanctuarysc@gmail.com