



**PAWS**

**PRE-ADOPTION QUESTIONNAIRE**

Thank you for choosing PAWS PET OF THE MONTH PROGRAM. We believe the adoption of a pet should not be impulsive, but rather a careful considered decision. As part of PAWS ongoing effort to find the best possible, lasting home for each animal, please consider and answer the following questions.

Upon completion, please contact Katie Busenkell at 256-0243 to arrange for pickup of the questionnaire:

1. Why are you considering the adoption of a pet?  
(Check all that may apply)

A companion for: Children\_\_\_ Adult\_\_\_ Family\_\_\_ Other pet\_\_\_

Protection for: Home/family\_\_\_ Business\_\_\_

Other\_\_\_(Please Indicate)\_\_\_\_\_

2. If you leave island to relocate, what will you do with your pet?

\_\_\_\_\_

3. Have you ever owned a pet before? Yes\_\_\_ No\_\_\_

4. What other pets do you now have?

Dogs\_\_\_ Age\_\_\_ Spayed/neutered? \_\_\_ Vaccinated?\_\_\_

Cats\_\_\_ Age\_\_\_ Spayed/neutered? \_\_\_ Vaccinated?\_\_\_

Other\_\_\_\_\_

5. If you adopt a puppy or kitten, will you have it spayed or neutered when it's six months old? Yes\_\_\_ No\_\_\_

6. Where will the pet be kept? (indoors/outdoors) What arrangements will be set up for your pet? i.e. Tied up, fenced in, dog house, etc.

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7. Remember, pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, shelter, and exercise for your new pet? Yes\_\_\_ No\_\_\_

8. If you must temporarily go off-island or cannot get home from work at a regular hour, how will you tend to your pet's needs?

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9. Are you able to make a long-term commitment to care for this pet for its life span? Yes\_\_\_ No\_\_\_

10. Information regarding the pet to adopt:

Type of animal \_\_\_\_\_

Sex\_\_\_\_\_ Age\_\_\_\_\_

Name\_\_\_\_\_

Where/How was the animal found?

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Health Status when found

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Medical Care needed for the animal

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Will you adopt the animal permanently or temporarily? (circle one)

11. Are you a current PAWS member? Yes\_\_\_ No\_\_\_ Membership  
# \_\_\_\_\_

Exp. Date \_\_\_\_\_

If No, are you willing to join for \$30.00 annual Fee? Yes\_\_\_ No\_\_\_

12. Information of Adoptive Home:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Fax \_\_\_\_\_ Work Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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PAWS Board of Directors Only

Selected: Yes\_\_\_ No\_\_\_ Two Board Members

Authorizing \_\_\_\_\_

Pet \_\_\_\_\_ Month Pet Placed \_\_\_\_\_

Please contact Katie Busenkell at 256-0243 to arrange for pickup of the completed questionnaire.