

Adoption Questionnaire

Name: _____ Phone # _____

Address: _____ City: _____

Date of Birth: _____ Email: _____

Who lives with you?

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Are your current pets up to date on vaccinations? YES NO

Are all members of your household in agreement to adopt a pet? YES NO

Where do you reside?

() House () Apartment () Mobile Home () Ranch

Do you have a fenced backyard? YES NO

If renting, please provide name and phone number of landlord:

Name: _____ Phone number: _____

Do you object to an Ole Yellow representative visiting your home? YES NO

Employer _____ Employer Phone Number: _____

Currently, do you have any pets in the home?

Breed: _____ Name: _____ Age: _____

Breed: _____ Name: _____ Age: _____

Breed: _____ Name: _____ Age: _____

Veterinarian Name: _____ Phone Number: _____