

**Animal Medical Center of Lehigh Acres  
Pet Adoption Questionnaire**

**Pet Interested In:** \_\_\_\_\_

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

Age \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

How many hours do you work outside the home? \_\_\_\_\_

**Housing Information: Circle One**

Single Family House, Apartment, Mobile Home, Townhouse/Condo, Other \_\_\_\_\_

Own Home? Rent Home? \_\_\_\_\_

If you rent, do you have your landlord's permission to own a dog/cat? Yes No

Landlord Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Do you have a completely fenced yard? \_\_\_\_\_

**Household Information**

Age and gender of children in living in household \_\_\_\_\_

How many hours a day will your new dog/cat be alone? \_\_\_\_\_

**Animals In Your Home**

Do you have any other dogs/cats? Yes No

If yes, are they Spayed/Neutered? Yes No

What type of monthly preventions do you use: \_\_\_\_\_

Please list by name, breed, size, gender of each dog/cat you have:

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What happened to your previous pets? If they died, advise the cause and age at time of death.

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Pet Information:

Where will your dog/cat live? Circle One:    Indoor    Outdoor    Both Indoor/Outdoor

Where will the dog/cat sleep? Circle One:    Indoor    Outdoor

Veterinarian / Groomer Information:

Please provide your vet's name and phone number:

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Please provide your groomer's name and phone number:

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References:

Please provide 1 personal reference with their phone numbers.

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Additional comments you wish to provide:

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\_\_\_\_\_  
Signature of Adopting Owner

\_\_\_\_\_  
{CURRENTDATE[SHORT]}  
Date