

Screening a Potential Adopter



Potential Adopter Screening Form

This form helps a pet owner learn about a potential adopter and determine whether the home may be suitable. Complete all questions honestly and provide additional details when needed.

Applicant Information

Full name: _____

Phone: _____ Email: _____

Address: _____

Why are you interested in adopting this pet?

Household Information

Number of adults: _____ Number and ages of children: _____

Does everyone in the household agree to the adoption? ☐ Yes ☐ No

Does anyone have allergies or concerns about this type of pet? ☐ Yes ☐ No

If yes, please explain:

Are there regular visitors, children, caregivers, or other animals the pet will interact with?

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Housing

Housing type:

☐ House ☐ Apartment/condo ☐ Townhouse ☐ Acreage ☐ Other: _____

Do you: ☐ Own ☐ Rent ☐ Other: _____

If renting, do you have permission to keep this pet?

☐ Yes ☐ No ☐ Not Applicable

Landlord/property manager: _____

Phone or email: _____

Are there pet restrictions related to species, breed, size, or number of animals?

☐ Yes ☐ No

If yes, please explain:

Is there a secure yard or outdoor area, if needed?

☐ Yes ☐ No ☐ Not Applicable

Current and Previous Pets

Current pets: _____

Type: _____

Age: _____

Spayed/Neutered? _____

Vaccinations? _____

Temperament? _____

Have you owned this type of pet before? ☐ Yes ☐ No

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Have you ever returned, surrendered, rehomed, given away, or euthanized a pet for reasons other than serious illness or quality of life?

☐ Yes ☐ No

If yes, explain:

Veterinary Reference

Veterinary clinic: _____

Veterinarian's name, if known: _____

Phone: _____

Name under which records are held: _____

May the pet owner contact this clinic for a reference?

☐ Yes ☐ No

Expectations and Care Plans

Where will the pet spend most of their time?

How long will the pet normally be left alone? _____

Who will provide the pet's daily care? _____

How will you provide exercise, enrichment, training, and social interaction?

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Are you prepared for routine and unexpected veterinary costs?

☐ Yes ☐ No ☐ Unsure

What will you do if behavioural or medical concerns arise?

What is your plan for the pet during travel, emergencies, hospitalization, or other temporary absences?

What would you do if you moved or your circumstances changed?

If the adoption does not work out, what would you do?

Is there anything else the pet owner should know about you or the home you can provide?

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Confirmation

I confirm that the information provided is complete and accurate to the best of my knowledge. I understand that completing this form does not guarantee that I will be selected to adopt the pet.

Applicant's name: _____

Signature: _____ **Date:** _____

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