

Stanley N. Halpern Foundation for Homeless Animals, Inc. d/b/a "Fairy Tails"
QUESTIONNAIRE FOR ADOPTION

WE RESERVE THE RIGHT TO REJECT

Name of cat/dog: _____

How did you hear about us? Newspaper _____ Pet Store _____ Other _____

Adopter's Name: _____

Address: _____

City/State/Zip: _____

Telephone: Home _____ Work: _____

Are you employed? _____ Student? _____ Place of Employment _____

What kind of work do you do? _____

Do you rent or own your home? _____ Do you live in an apartment or a condominium? _____

What floor do you live on? _____ Do you have a balcony or patio? _____ Is it completely screened? _____

Do you have permission from your landlord to have this animal? _____

Do you live alone? _____ With whom do you live? _____

Do you have children? _____ If yes, how many live in your household? _____

What are the ages of your children? _____ Is anyone in your household allergic to pets? _____

Do you presently own other animals? _____ If yes, how many? _____

Please describe your other animals? _____

Are your other animals spayed or neutered? _____

If you had a cat/dog before, what happened to it? _____

Do you plan to keep your cat/dog indoors? _____ Outdoors? _____ Both? _____

Do you plan to declaw your cat? _____ What type of food do you plan to feed your pet: Moist? _____ Dry? _____ Both? _____

Do you have a veterinarian? _____ Name & Number of Veterinarian _____

WE WILL DELIVER THE CAT/DOG. IF THERE IS MORE THAN ONE PERSON INTERESTED IN THE CAT/DOG, WE RESERVE THE RIGHT TO MAKE THE DECISION AS TO WHO WILL BECOME THE NEW OWNER OF THE CAT/DOG. THE ADOPTION DONATION WILL BE PAID AT THE TIME OF DELIVERY.

Signature: _____ Date: _____

Volunteer's Notes: _____
