



Sammie's Friends
14647 McCourtney Road
Grass Valley, CA 95949
(530) 471 5041 info@sammiesfriends.org
www.sammiesfriends.petfinder.com
www.sammiesfriends.org

Incomplete Applications Will Not Be Considered

PREADoption QUESTIONNAIRE

Date: _____ Time: _____ Pet Name _____

The ownership of a pet is a major responsibility and not to be taken lightly. Once the application is completed, we will discuss it with you. Sammie's Friends Nevada County Animal Shelter reserves the right to deny the adoption of any pet for any reason. Applicants must be at least 18 years of age and be able to provide proof of age. Our animals are adopted as companion animals only.

1. Name: _____ Home Phone: _____

2. Driver's License: _____ Work Phone: _____ Cell Phone: _____

3. Address: _____ City: _____ Zip: _____

4. Do you own your home: yes no Rent: yes no How many years at this address: _____

5. Does your rental agreement allow pets? _____ Owner's Name and Phone: _____

6. How many adults in your household? _____ Children: _____ Ages of children: _____

7. Are you currently employed? _____

8. Why do you want a pet? Check: Companion * 'Guard Animal * "'Hunting * "'Other *

9. Do other members of the household know that you plan to adopt a pet? _____

10. Does any household member have allergies to animals? _____

If so, explain: _____

11. Will this animal be alone during the day? _____ Please explain _____

12. Have you adopted pets from Sammie's Friends: Yes _____ No _____

What happened to them: _____

13. Tell us about the animals currently living with you

Number	Type	Breed	Age	Spayed/Neutered?	Where is animal now?
	Cat(s)				
	Dog(s)				

Do they live inside or outside: _____ Where do they sleep: _____

14. Are your pets current on their vaccines: _____

15. Are your dogs licensed: _____? Are your dogs on heartworm preventative? _____

16. Do you have a fenced yard: _____ Locked Gate: _____ Height of Fence: _____



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17. Where will this NEW pet live during the day: _____ At night: _____

18. Who is your vet: _____ May we contact your vet? Yes "*****No

19. Are you willing to take your pet to a veterinarian for full preventative care and emergency care? _____

20. Do you intend to declaw this cat? _____ (skip if this doesn't apply)

21. What will you do with the pet when you go on vacation: _____

22. Are you willing to spend the time needed to help this pet adjust to your home and lifestyle and any training it may need? _____

23. Under what circumstances would you not keep this pet? _____

24. What would you do if this dog is destructive (chews, barks, potty mistakes)? _____

25. Should you move or have an unforeseen event arise, what are your plans for your pet: _____

26. What will you do with your new pet if this adoption does not work out: _____

Where did you learn about this pet?"

Facebook___ The Union___ Bill Board___ Theater___ Petfinder___ Other ___

Signature _____ Date _____

Application Received By _____ Date _____

Reviewing Staff Member _____ Date _____

Approved "Yes___ No___ Pending Comments _____