



## Pre-Adoption Information Form

**Bass@BassShelterPets.org**  
P.O. Box 24  
Bloomingdale, NJ 07403  
973-838-2220

Animal Name: \_\_\_\_\_ BASS Animal ID#: \_\_\_\_\_

Welcome to the Bloomingdale Regional Animal Shelter. The following information is requested so that we can assist you in the selection of a new pet. The animal's welfare is our foremost consideration. The consultation process is designed to help us assist you in finding the pet that is most compatible with your lifestyle.

### YOU MUST COMPLETE ALL REQUESTED INFORMATION BELOW IN ORDER TO BE CONSIDERED A VALID ADOPTER.

Name: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

Telephone: \_\_\_\_\_  
(Home) (Cell)

Driver's License No.: \_\_\_\_\_ Email: \_\_\_\_\_

1. What kind of a pet are you looking for:    Puppy    Dog    Kitten    Cat
2. Preferences:    Male    Female    Either;    Short hair    Long hair    Either; Color \_\_\_\_\_; Breed \_\_\_\_\_;  
 Outdoor Only    Indoor/Outdoor    Indoor Only; Personality Type: \_\_\_\_\_
3. Have you ever had pets before:    YES    NO   If YES, what kind: \_\_\_\_\_
4. Do you currently have pets at home:    YES    NO   If YES, what kind: \_\_\_\_\_

### PLEASE LIST ALL PETS THAT YOU HAVE HAD IN THE PAST FIVE (5) YEARS

<u>Type</u>	<u>Spay/Neutered</u>	<u>Licensed</u>	<u>Vaccinated</u>	<u>Where Kept</u>	<u>Pet's Name</u>	<u>Living/Deceased</u>	
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	_____	<input type="checkbox"/>	<input type="checkbox"/>

Please list name and telephone number of current or past vets used:

\_\_\_\_\_

By signing below, you are giving your veterinarian(s) authorization to release your pet(s) health records to BASS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. How did you acquire your pets:  Shelter  Family/Friend  Gift  Stray  Pet Store  Breeder  Other  
If applicable, name of shelter: \_\_\_\_\_
6. If you do not currently have a pet(s) and have not had a pet(s) in the last 5 years, please provide the name and phone number of two references who would have knowledge of your relationship with past pets or your interactions with the pets of others:  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
7. Do you:  Rent  Own. Do you currently live in:  House  Apartment  Condo  Townhouse  Other \_\_\_\_\_
8. If renting, does your lease allow pets?  Yes  No. How long have you lived at your present address? \_\_\_\_\_
9. Landlord's or Association's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
10. How many people live in your household: \_\_\_\_\_ Please list ages of all children: \_\_\_\_\_
11. Do all adults know that you plan to adopt  Yes  No. Do any of the persons listed above have allergies:  Yes  No  
If yes, please explain \_\_\_\_\_
12. Are you financially prepared to give your pet routine and emergency medical care, such as vaccines, exams for parasites, ear mites, blood testing, etc. when needed?  Yes  No. If NO, please explain: \_\_\_\_\_
13. Are you aware that by adopting a young pet, you are making a 15-20 year commitment:  Yes  No. If no, explain: \_\_\_\_\_
14. If you were no longer able to care for your pet(s), what would you do with your pet(s)? \_\_\_\_\_
15. Have you ever lost or given away a pet?  Yes  No. If YES, why: \_\_\_\_\_
16. How many hours a day will your pet spend: Indoors \_\_\_\_\_; Outdoors \_\_\_\_\_.
17. Where will your pet be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_
18. How did you hear about our adoption services? \_\_\_\_\_ Did you adopt from us before?  Yes  No.  
If yes, when? \_\_\_\_\_ what? \_\_\_\_\_ where is pet now? \_\_\_\_\_
19. If you were moving to a residence that did not allow pets, what would you do with your pets? \_\_\_\_\_
20. Do you want your new pet for a (check all that apply)  Guard Dog  Watch Dog  Gift  House Pet  Mouser  
 Breeder  Companion for you/family  Companion for another pet  Other.  
If other, please explain: \_\_\_\_\_
21. Would you object to a visit from a BASS representative either before or after an adoption?  Yes  No

**DOG ADOPTION QUESTIONS:** How will you keep your dog confined to your property: (check all that apply):

Outdoors  Indoors  Garage  Basement  Kennel  On Chain  On Leash  Fenced Yard  Other

If Other, please explain: \_\_\_\_\_

Do you have a fenced yard:  Yes  No. If yes, how high? \_\_\_\_\_

What will you do if your dog chews furniture? \_\_\_\_\_

**CAT ADOPTION QUESTIONS:** What will you do if the cat claws furniture? \_\_\_\_\_

Do any of your current cats have access to outside:  Sometimes  Yes  No.

If sometimes or yes, please explain: \_\_\_\_\_

Will your kitten or cat be allowed outdoors:  Yes  No. If YES, explain \_\_\_\_\_

**BY SIGNING BELOW, YOU CERTIFY THAT YOU HAVE READ, UNDERSTAND AND ACCEPT THE FOLLOWING:**

1. BASS reserves the right to refuse an adoption to anyone.
2. The information above is accurate and not misleading in any way and must be completed in order to be considered a valid application/adopter.
3. BASS reserves the right to contact any individuals listed on the form.
4. The adoption fees are non-refundable in order to help cover the cost of spay/neuter surgery, inoculations and general care for the animals unless there is a documented health or behavioral issue within the first 7 days of an adoption, or a pet exchange can be made.
5. BASS reserves the right to withdraw an approved pre-adoption if adopter does not contact BASS or a BASS volunteer with required and/or additional information requested within 72 hours in order to complete pre-adoption form (unless other arrangements have been made).
6. BASS reserves the right to withdraw an approved pre-adoption if adopter does not contact BASS or a BASS volunteer for pick-up arrangements within 72 hours of having been advised by phone (message or verbal) or if the adopter is a "no-show" on scheduled pick-up date, the adoption contract is cancelled immediately (unless other arrangements have been agreed upon).
7. For the animal's welfare, I will notify BASS immediately if I decide not to proceed with the adoption.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

.....  
**FOR SHELTER USE ONLY ... DO NOT WRITE BELOW THIS LINE. THANK YOU!**

REVIEWED FORM: \_\_\_\_\_ VET CHECK: \_\_\_\_\_ D.L. CHECK: \_\_\_\_\_  
LANDLORD CHECK: \_\_\_\_\_ DNA CHECK: \_\_\_\_\_ APPROVED: \_\_\_\_\_