



WOOD COUNTY
HUMANE SOCIETY

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First things first, how did you hear about us? _____

Thank you for choosing adoption! Please complete the following questions to help guide our conversation today.

Animal's Name: _____ Animal ID #: _____

Your Name(s): _____

Address: _____ Town, State, ZIP: _____

Do you currently: Own Rent*

** We welcome adopters who rent, or live in an apartment or condo. We want to alert you that some landlords and management companies have size and breed restrictions, limits on number of pets, and/or require pet deposits or additional fees.*

Email: _____

Cell phone: _____ Home phone: _____ Work phone: _____

Best way to be reached by phone? Cell Home Work

Best time of day to be reached? Morning Afternoon Evening

This pet is meant to be a gift. I am answering the following questions from the perspective of the lucky recipient.

Tell us about members of the new pet's household (e.g., # of adults/seniors/young children):

First time pet owner? Yes No

Have pets at home (check all that apply):

We have one or more dog(s)

We have one or more small animal(s)

We have one or more cat(s)

I'd like help with introducing a new pet to pet(s) at home

Other info you would like to share?

We'll explain this new pet's medical and behavioral history as well as feeding this pet. Check additional topics you'd like to discuss:

- | | | |
|---|---|---|
| <input type="checkbox"/> House-training/litter box training | <input type="checkbox"/> Puppy/kitten-proofing your home | <input type="checkbox"/> Declawing |
| <input type="checkbox"/> Grooming/nail trimming | <input type="checkbox"/> Finding a trainer | <input type="checkbox"/> Moving with pets |
| <input type="checkbox"/> Exercise, toys and fun activities | <input type="checkbox"/> Introducing this pet to other pets | <input type="checkbox"/> Pulling on-leash |
| <input type="checkbox"/> Crate-training | <input type="checkbox"/> Microchips and other ID options | <input type="checkbox"/> Flea/tick prevention |
| | | <input type="checkbox"/> Heartworm prevention |
| | | <input type="checkbox"/> Finding a veterinarian |

Other questions: _____

Extra services and opportunities; check any you are interested in:

- | | |
|--|--|
| <input type="checkbox"/> Borrow/rent a crate with this adoption | <input type="checkbox"/> Information about supporting us with financial or in-kind donations |
| <input type="checkbox"/> Information about volunteering or fostering with us | |

*****OFFICE USE ONLY*****

Initial and date as items as completed

- _____ Copy of adopter's drivers license/state ID
- _____ Review questionnaire with adopter
- _____ Review adopter survey and pet selection
- _____ Scan pet for microchip, brief health assessment
- _____ Adoption paperwork filled out and discussed
- _____ Medication(s), if any, discussed and given to adopter
- _____ Promotional adoption items given to adopter *Supplies permitting*
- _____ Adoption picture taken and saved/labeled on desktop