



PET ADOPTION QUESTIONNAIRE

Animal's Name:

Animal ID #:

Your Name(s):

Physical Address:

City:

Zip:

Primary phone:

Alternate phone:

Emergency contact name:

Emergency contact phone:

I acknowledge as a benefit of my adoption I will receive free products and services from Hill's Pet Nutrition and 24PetWatch, and I allow communication from Maui Humane Society and these companies. I understand I may unsubscribe at anytime. Agree Decline

Applicant's signature:

Date:

MHS representative:

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:

- We have one or more dog(s)
- We have one or more small animal(s)
- We have one or more cat(s)
- We have kids/kids frequently visit our home

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

- Feeding this pet
- Finding a trainer
- Heartworm prevention
- Housing this pet
- Exercise, toys & fun activities
- Grooming/nail trimming
- Houstraining/litter box training
- Introducing this pet to other pets
- Declawing
- Crate-training
- Finding a veterinarian
- Moving with pets
- Puppy/kitten-proofing your home
- Flea/tick prevention
- Microchips/ID

Extra service and opportunities. Check any you are interested in:

- Borrow/rent a crate with this adoption
- Information about volunteering or fostering with MHS
- Information about agility classes
- Information about supporting MHS with financial or in kind donations.

MAHALO FOR CHOOSING TO ADOPT!