



6700 BUTLER CREEK ROAD
MISSOULA, MT 59808
(406) 541-7387 FAX (406) 541-7389

Date: _____

Pre-Adoption Questionnaire

Name: _____ D/O/B: _____
Street Address: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____
Mailing Address (if different): _____

I CERTIFY THAT THIS INFORMATION IS TRUE AND I UNDERSTAND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION.

- Briefly describe why you would like to adopt this pet.

- Do you live in: House Townhouse Condo Mobile Home Apt.
Park/Complex Name: _____
- Do you: Own Rent Live w/Parents
Landlord Name/Number: _____
(We will contact your landlord, so be prepared!)
- For whom are you adopting this pet? Self Children Family Gift
- Will this animal be in the presence of children frequently? Yes No
If yes, what ages? _____
- What will happen to this animal if you move?

- Do you understand the time, care & financial commitment you are making to this animal?

- Do you have a veterinarian for your pet(s)? Yes No
Name of Clinic: _____
- Where will this animal primarily be? Indoors Outdoors
Type of enclosed shelter provided? _____
- Do you currently own any of the following:
 Dogs How many? _____
Are they currently licensed in Missoula County? _____ (not the same as a rabies vaccine)
 Cats How many? _____
- How do you plan to keep the dog confined? _____
If by fence, how high is your fence? _____
- Are you a student at the University of Montana? Yes No
If so, what will be the permanent living arrangements for this animal?

All dogs in Missoula County are required to be licensed.

Staff use only:
Pet requested: _____
Landlord contacted: _____
Additional Notes: _____