Adoption Counseling Questions

1. What will a typical day look like for ______________?
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   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

2. Tell me about the last time you took a pet to the veterinarian? (get clinic name) What kind of pet insurance do you currently use?
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

3. What characteristics and traits are you looking for in a pet?
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   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

4. Everyone has their limits in terms of what they can handle and that’s ok. What are some challenges that would be difficult for you and your family to cope with?
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   _______________________________________________________________
   _______________________________________________________________
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5. Cats naturally need to scratch to express normal behavior. What preparations will you make to accommodate this behavior?

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6. Tell me about your current and past pets. What did you enjoy about them and if you could change anything about your experience with them, what would it be? (species, breed, sex, spayed/neutered, discuss required meet & greet for dogs)

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7. Some landlords and insurance companies have restrictions on number of pets, weight limits and breed restrictions. Can you tell me how you may handle a situation if your living situation no longer allows for __________?

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Adopter Information
First Name: ______________________ Last Name: ______________________ Date: ________
Address: ______________________ City: ______________ State: ______ Zip: _______
Home Phone: __________ Alternate Phone: _______ Email: ______________________

Staff Use Only
Animal Name & ID: __________________________________________________________
□Approved □Denied If Denied please explain: ______________________________________
MAC Representative Print: ______________ Signature: ______________ Date: ________