

Headwaters Animal Shelter

901 Western Avenue S
Park Rapids, MN 56470
218-237-7100
www.headwatersanimalshelter.org

Pre-adoption Consultation Form

Dog

Welcome to the Headwaters Animal Shelter.

Please complete this form. The information you provide will help us to assist you to find the best pet for you and your family.

Name _____

Address _____ City _____ Zip _____

Phone _____ Work# _____ Cell# _____

Housing type: _____ House _____ Condo _____ Apartment _____ Mobile Home

If you are renting what type/size pet are allowed? _____

Landlords Name _____ Phone # _____

How many adults reside in your household? _____ Children _____

List the ages of any children _____

Are any family members allergic to animals? _____

What best describes the activity level of your household? (check one)

_____ Quiet and Serene _____ Some Activity _____ Hectic

How much time is spent away from home each day? (check one)

_____ Home all day _____ Out part-time _____ Away 7-10 hours

What are you looking for in a dog?

_____ Companion _____ Watchdog _____ Hunting _____ Family pet _____ Other(specify) _____

Adult size: _____ 0-20 lbs(small) _____ 20-50 lbs (medium) _____ 50-100lbs (large)

Coat Length: _____ Short _____ Medium _____ Long _____ No preference

Age: _____ 8-16 weeks _____ 4-12 months _____ 1-3 years _____ Older _____ No Preference

Activity level desired:

_____ Independent _____ Playful _____ Lap dog _____ Outgoing _____ Quiet _____ Mellow

Sex: _____ Male _____ Female _____ No Preference

You and your household:

_____ First time pet owner(s) _____ Have had pets before _____ Currently have pets(specify) _____

Where will your new pet live? _____ Mostly outdoors _____ Mostly indoors _____ Indoors/Outdoors

What kind of an outdoor shelter do you have available for a dog?

How did you hear about our shelter?

_____ Friend/Family _____ Radio/TV _____ www.petfinder.com _____ www.headwatersanimalshelter.org

Thank you

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Staff Use Only

Date Reviewed: _____

H.A.S. Representative: _____

Case #: _____ Animal Name: _____