

# 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

Rent: \_\_\_\_\_ Own: \_\_\_\_\_ Live with party(inc. parents) who rent or own: \_\_\_\_\_

What type/size pet is allowed? \_\_\_\_\_

Name of the party to call to verify this pet is allowed on premise: \_\_\_\_\_ 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

Do you anticipate any upcoming lifestyle change?(move, school, job, pregnancy, health, travel) \_\_\_\_\_

What are you looking for in a dog?

\_\_\_\_\_ Companion \_\_\_\_\_ Watchdog \_\_\_\_\_ Hunting \_\_\_\_\_ Family pet \_\_\_\_\_ Other(specify) \_\_\_\_\_

Activity level desired:

\_\_\_\_\_ Independent \_\_\_\_\_ Playful \_\_\_\_\_ Lap dog \_\_\_\_\_ Outgoing \_\_\_\_\_ Quiet \_\_\_\_\_ Mellow

You and your household:

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

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

\_\_\_\_\_ Home all day \_\_\_\_\_ Out part-time \_\_\_\_\_ Away 7-10 hours

Where will your pet be kept while it is home alone? \_\_\_\_\_

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

What kind of an outdoor shelter do you have available? \_\_\_\_\_

When outdoor how will you contain this pet? \_\_\_\_\_ fence \_\_\_\_\_ tie out \_\_\_\_\_ leash \_\_\_\_\_ loose \_\_\_\_\_ electronic collar

Where will your pet sleep? \_\_\_\_\_

Have you ever taken your animal to a shelter? \_\_\_\_\_

How did you hear about our shelter?

\_\_\_\_\_ Friend/Family \_\_\_\_\_ Radio/TV \_\_\_\_\_ [www.petfinder.com](http://www.petfinder.com) \_\_\_\_\_ [www.headwatersanimalshelter.org](http://www.headwatersanimalshelter.org)

Do you have a veterinarian we may call for a reference? \_\_\_\_\_

**Thank you**

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**Staff Use Only**

Date Reviewed: \_\_\_\_\_

H.A.S. Representative: \_\_\_\_\_

Case #: \_\_\_\_\_ Animal Name: \_\_\_\_\_