MICHIGAN ANIMAL ADOPTION NETWORK

PO Box 566, Roseville MI 48066-0566 • Office 248.545.5055 • Fax 586-362-2609
miaan@earthlink.net • Internet: http://www.mi-aan.org and http://www.maan.petfinder.org

ADOPTION EVALUATION

Animal Name: _____
Breed: _____
_____*Male* _____*Female*
Age: _____

1. Are you over 21 years of age? ☐Yes ☐No
2. Have you ever owned a pet? ☐Yes ☐No
3. Do you currently live in a: ☐House ** ☐Apartment ** ☐Condo ** ☐Town House ** ☐Mobile Home Park
4. Do you: ☐Own ** ☐Lease
5. Does your **association** or **landlord** allow pets? ☐Yes ☐No
   (Adopter must produce a copy of the Association by-laws or lease agreement allowing pets, as a condition of the adoption.)
6. How long have you lived at this address? _____
7. How many people currently live in your household? Adults: _____ Children: _____ Ages of Children: _____
8. When did you decide to adopt a pet? _____
9. Is everyone in the household aware you are planning to adopt a pet? ☐Yes ☐No
10. Does anyone in the household have **any** allergies? ☐Yes ☐No Explain: _____
11. Are you aware that the cost of vet care is at least $150-$200 per year, without serious illness? ☐Yes ☐No
12. Check the reason you plan on adopting a pet: ☐Family pet / Companion ☐Companion for other pet ☐Gift
13. Where will the adopted animal be living? ☐Inside ☐Outside ☐Both (**Explain**: _____)
14. How many pets have you owned in the last 10 years? _____

    List names, ages and spay/neuter status of former pets and how they came to no longer be in your possession: _____

15. What animals currently live in your home? _____

    List names, ages, and spay/neuter status of the animals: _____

16. Where do they reside? ☐Inside ☐Outside ☐Both (**Explain**: _____
17. Have your animals been exposed to other animals? _____
18. What veterinarian do you use for your animals? Name, address, city, phone: _____
19. Are your animals up-to-date on vaccinations? ***(MAAN will call your veterinarian to verify.)*** ☐Yes ☐No
20. Is your yard (circle one): Fence*less* Completely fenced 3/4 fenced 1/2 fenced Dog pen

    Is the fence a (circle one): Chain link fence Privacy fence
21. For approximately how many hours would the animal be left alone during any given day? _____
22. Would you object to someone from MAAN coming to / calling your home to check on the animal? ☐Yes ☐No

I hereby certify that the above information is true and complete to the best of my knowledge.

_____ _____ _____
Name (Please print) **Signature** **Date**

_____ _____
Address, City, State, Zip **Phone Number**

_____ _____
Rescue Club / Foster Home Name and Phone Number **MAAN Adoption Representative**

MAAN (White copy) **Rescue Club / Foster Home (Yellow copy)**

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