



UNIVERSITY OF NEBRASKA AT OMAHA  
ANIMAL CARE AND USE PROGRAM

**Questionnaire for Animal Adopter**

Name:  
Address:  
E-mail:  
Phone number:

Check all that describe the prospective residence:  
Single-family home  
Apartment, duplex, or multi-family dwelling  
I own my home  
I rent my home (does landlord allow pets? Yes      No      )  
Zoning restrictions on animals in prospective residence area

How did you hear about this animal?

Have you owned this species of animal before?

Describe the housing, enrichment, and general husbandry that you will provide the animal.

Describe the other pets in your household (breed, sex, age, health, any other pertinent details).

Veterinarian who will provide health care for this animal once adopted

Name	Practice	Phone number
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Animal to be adopted

Species:	Sex:	ID:
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\_\_\_\_\_  
(Signature of Attending Veterinarian)

\_\_\_\_\_  
(Date of Interview)

Recommendation:      Approve adoption

Disapprove adoption (give reasons below)