

# RECYCLING ANIMALS IN NEED (R.A.I.N.)

(www.RainShelter.org)

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Address \_\_\_\_\_ PH: (H) \_\_\_\_\_  
City: \_\_\_\_\_ PH: (W/Cell) \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
→ → → Email Address: \_\_\_\_\_

*Please mark/circle/complete the appropriate choices throughout this questionnaire (BOTH PAGES), faxed to Lynn at 815-286-3042. Or e-mail as a Word Document attachment to RainTeam@Onebox.com (no other formats, please!) Applications with e-mail addresses will be acknowledged 24-72 hours if e-mail is provided.*

## About the Pet you want:

1. I am looking for: Dog or Cat	2. Male or Female
3. Adult (Over 1 yr) Adolescent (4 mos to 1yr) Baby (2 to 4 mos) Breed Pref/Name: _____	
4. Reason for pet? _____	
5. Does your immediate family want the pet? _____	6. Is it a gift and for whom? _____
7. Who will be responsible for the care of the pet? _____	

## About your family and home:

8. I am/We are: Married Single Roommates Other: _____	
9. My/Our ages are? _____	10. Years at this address: _____
11. No. of adults in household: _____ <b>Ages &amp; Number</b> of children: Boys _____ Girls _____	
12. Do the children live with you? _____ Are there grand kids visiting? _____ Ages? _____	
13. Is anyone close to you expecting a baby? If Yes, who? _____	
14. Who has allergies and to what animals? _____	
15. Do you: RENT / OWN ..... House Apartment Townhouse Condo Mobile Home Live with relatives	
16. If renting, verification will be required that pets are allowed. Deposit required? _____ Weight limit? _____ lb. Name and City of complex: _____ Name of Landlord and phone number: _____ Copy of Lease Supplied? _____ RAIN counselor verification: _____	
16. Do you have a yard? _____ Is it completely fenced? _____ If yes, height and type? _____ If no fence, how will you keep your pet in your yard? _____	

## About your pet relationship(s):

17. Where and how will you exercise your pet? _____
18. If you move where pets are not allowed, what will you do with your pet? _____
19. My pet will be kept in: House Garage Mud Room Outdoors Outdoor Kennel Run Tie Out Crate
20. Will your pet be crate/cage trained? _____ Will you attend obedience classes? _____
21. How long will the pet be alone each day (without adults)? _____ How long will he/she be crated? _____
22. How will you transport your new pet? _____
23. What mischievous behavior(s) are you prepared for? _____
24. How will you reprimand your pet? _____
25. All of our available animals have a "past." To aid us in placing the right pet in your home, please circle the most appropriate statement. I want a pet that: "fits in with my current life style" <b>OR</b> "may/will require long term changes in my life style"

**Your current pet information:**

26. Do you have cats at home now? \_\_\_\_\_ Last Date  
Pet Name Breed indoor/outdoor? Neutered? Age? Sex? Vaccinated? Declawed? 2 or 4 paw?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Do you have dogs at home now? \_\_\_\_\_ Last Date  
Pet Name Breed and approximate weight indoor/outdoor? Neutered? Age? Sex? Vaccinated?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your previous pet information:**

28. Other than those listed above, indicate additional pets you have owned in the last 5 years?  
Pet Name/Species (cat, dog, etc...) Lost? Hit by Car? Put to Sleep (reason?) Given away (reason?)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your vet information: (Please supply a vet that RAIN can contact to verify a vaccination history on your current or most recent pet):**

29. Your Vet's name, clinic name, city and phone number? (Your signature below gives RAIN authorization to verify)  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about us?**

30. Have you ever applied for or adopted a pet from RAIN or any other shelter? \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_ If RAIN, name of pet? \_\_\_\_\_

31. How did you hear about RAIN? Family Friend Neighbor Phone book Vet (name?) \_\_\_\_\_

Newspaper Ad Internet (site?) \_\_\_\_\_ Pet Store (name?) \_\_\_\_\_ Other: \_\_\_\_\_

**Employer information:**

32. Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hours per day: \_\_\_\_\_ Position: \_\_\_\_\_ Shift: \_\_\_\_\_

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Hours per day: \_\_\_\_\_ Position: \_\_\_\_\_ Shift: \_\_\_\_\_

The information on this questionnaire will be kept confidential. I certify that the information provided is complete and correct to the best of my knowledge. I understand that if it is found that I have misrepresented myself or any information on this questionnaire, it may prevent RAIN from adopting an animal to my family or me or render the adoption null and void which will require return of the adopted pet to RAIN. RAIN may contact my veterinarian for medical information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For RAIN use only:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_