

ADOPTION PROFILE

Thank you for choosing adoption! Please fill out this adoption profile so we can help you find the best match for you and your family.

Date & Time _____ Pet's Name _____ Pet's ID # _____

ADOPTER'S INFORMATION

Name _____

Primary Phone _____ Secondary Phone _____

Address _____ Apt/Unit # _____

City _____ State _____ Zip _____ County _____

Do you: Own Rent Do you live in a: House Apartment Trailer Townhome

MICROCHIP REGISTRATION

Your Email Address _____

Emergency Contact Name _____

Emergency Contact Phone _____

ADOPTION INFORMATION

What characteristics or traits are you looking for in a pet? (ex: running partner; couch potato; mouser; declawed; etc.)

What activities do you want to do with your pet?

Where will you keep this pet? Check all that apply Free run of house One room in house Inside Outside Yard with a fence Crate in house In garage Basement Other _____

How many hours will this pet spend alone? _____

Who will primarily care for this pet (feeding, playtime, vet visits, etc.)? _____

PREVIOUS & CURRENT PET INFORMATION

What pets do you currently have or have had in the past *three years* in your household?

	NAME	AGE	BREED/WEIGHT	SEX	DECEASED
<input type="radio"/> Dog <input type="radio"/> Cat	_____	_____	_____	M / F	Y / N
<input type="radio"/> Dog <input type="radio"/> Cat	_____	_____	_____	M / F	Y / N
<input type="radio"/> Dog <input type="radio"/> Cat	_____	_____	_____	M / F	Y / N
<input type="radio"/> Dog <input type="radio"/> Cat	_____	_____	_____	M / F	Y / N

Are your pets taken to the vet annually? _____ Are your pets spayed/neutered? _____

Veterinarian Name _____ Veterinarian's Phone Number _____

HOUSEHOLD INFORMATION

Please list the names and ages of all people living in the home and their relationship to you
(e.g., spouse/partner, roommate, child)

NAME	_____	AGE	_____	RELATIONSHIP	_____
NAME	_____	AGE	_____	RELATIONSHIP	_____
NAME	_____	AGE	_____	RELATIONSHIP	_____
NAME	_____	AGE	_____	RELATIONSHIP	_____

Are you in the process of moving or anticipate moving anytime soon? Yes No

CHECK ANY ADDITIONAL TOPICS YOU WOULD LIKE TO DISCUSS

- Low-cost Training Classes
- House Training
- Crate Training
- Litter Box Training
- Daily Exercise
- Leash Walking
- Introducing Pet to your Children/Pets
- Aggression
- Fun Exercise Games
- Making your Pet Comfortable in your Home
- Best Toys/Treats
- Holding/Interacting with your Pet
- Guarding Food/Toys/Space
- Low-cost Vet Care
- Declawing
- Flea/Heartworm Prevention
- Nail Trimming
- Grooming/Bathing
- Other _____

ADOPTION STAFF ONLY

ADOPTION COUNSELOR _____

ID ____ DNA ____ Email ____ Medical Records Accurate ____

All Medical Records Printed ____ Animal View Report Printed ____

AHD Check ____ Emergency Contact ____ Microchip ____

REVIEW WITH ADOPTER:

Review Medical History ____ Review Memos ____ Adoption Fee ____

CATTERY STAFF ONLY

CATTERY COUNSELOR _____

Behavior Waiver ____ Bite Form ____ Confining/Slow Intro ____

Indoor/Outdoor Counseling ____ Medical Conditions ____ Declawing ____

NOTES: _____

CANINE CARE STAFF ONLY

CANINE CARE COUNSELOR _____

Meet & Greet ____ Behavior Waiver ____ Bite Form ____ Family Verification ____

Review Behavior Notes ____ Puppy Counseled ____ Adult Dog Counseled ____

NOTES: _____
