

# 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 \_\_\_\_

Declawing \_\_\_\_ Medical Conditions \_\_\_\_ Review Background Form \_\_\_\_ Review Behavior Notes \_\_\_\_

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

**CANINE CARE STAFF ONLY**

**CANINE CARE COUNSELOR** \_\_\_\_\_

Meet & Greet \_\_\_\_ Family Verification \_\_\_\_ Puppy Counseled \_\_\_\_ Adult Dog Counseled \_\_\_\_

Review Background Form \_\_\_\_ Review Behavior Notes \_\_\_\_ Behavior Waiver \_\_\_\_ Bite Form \_\_\_\_

**NOTES:** \_\_\_\_\_

\_\_\_\_\_