

Animals Living With you NOW and in the PAST

Pet #1	Pet #2
Name _____ Sex _____ Age: _____ Type/Breed _____ How Long Owned: _____ Is/was animal spay/neutered? _____ Most of the time pet is/was kept: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Does this pet still live with you? If no-please check appropriate box: <input type="checkbox"/> Deceased <input type="checkbox"/> Found a <input type="checkbox"/> Lost <input type="checkbox"/> Other: new home	Name _____ Sex _____ Age: _____ Type/Breed _____ How Long Owned: _____ Is/was animal spay/neutered? _____ Most of the time pet is/was kept: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Does this pet still live with you? If no-please check appropriate box: <input type="checkbox"/> Deceased <input type="checkbox"/> Found a <input type="checkbox"/> Lost <input type="checkbox"/> Other: new home
<input type="checkbox"/> I have had more pets than the two listed above. _____ dogs _____ cats _____ other	

I found a pet I want to adopt

I would like assistance in selecting a pet

Adopter Address	City/State/Zip	Driver License/ID Number/Expiration Date
Adopter Home Phone	Work Phone	Cell Phone
Is Adopter age 18 years or older?	(If applicable) Landlord Name & Phone #	
Optional Question:	Are you 55 years of age or older? Yes___ No___ (If YES you may be eligible for our Special Pals Program)	Please ask one of our staff if you are interested in more information.

◆◆◆◆◆ FOR OFFICE USE ONLY ◆◆◆◆◆

Counselor's Name: _____

Hold Pending: Other Animals Children Spouse/or Other Family Member Landlord/PD

Description of Adopted Animal:	Animal Code Number _____	Name _____
Type _____	Breed _____	Sex _____ Color _____ Age _____
◆◆◆ Additional information covered w/counselor ◆◆◆		
I have been made aware of, and understand the information written and checked by the counselor and have chosen to adopt this pet.		
_____ Adopter Signature		_____ Date
<input type="checkbox"/> Reason for Wanting	<input type="checkbox"/> Introductions	<input type="checkbox"/> Children/Puppies
<input type="checkbox"/> Crating/Housetraining	<input type="checkbox"/> Previous Pets	<input type="checkbox"/> Health Care
<input type="checkbox"/> Other Adults	<input type="checkbox"/> Indoor/Outdoor	<input type="checkbox"/> Cost
<input type="checkbox"/> Containment/Fencing	<input type="checkbox"/> Destruction	<input type="checkbox"/> Spaying/Neutering
<input type="checkbox"/> Activity Level	<input type="checkbox"/> Breed	<input type="checkbox"/> Training
		<input type="checkbox"/> Jumping
		<input type="checkbox"/> Biting/Chewing/Puppies
		<input type="checkbox"/> Other _____
COMPANION REQUEST PHONE CALLS MADE		
DATE	ANIMAL CODE AND BREED	COMMENTS