



Placer SPCA Matchmaker Questionnaire

Critter Adoption



To better help us serve you, please provide the following information:

| | |
|------|------|
| Name | Date |
|------|------|

Welcome to the Placer SPCA. As always we are happy to answer any questions you may have. Bringing a new pet into your family is an important step, and we encourage you to come back several times before you make a decision. The following questionnaire will help in determining which pet is the best match for you.

You and Your Household

Check all that apply

| | | | |
|--|---|---|--|
| Your Living Place: <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____ | Who Owns Your Home? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/ Parents | Home Lifestyle: <input type="checkbox"/> Very Active <input type="checkbox"/> Some Activity <input type="checkbox"/> Rather Quiet | Pet Experience: <input type="checkbox"/> First time pet owner <input type="checkbox"/> Have had one or two <input type="checkbox"/> Have had many <small>(Describe experience on reverse)</small> |
| Children and Your Home: <input type="checkbox"/> I have children; ages _____ <input type="checkbox"/> I do not have children <input type="checkbox"/> Children visit my home; ages _____ <input type="checkbox"/> No children visit my home | Reason for Adopting: <input type="checkbox"/> Family companion <input type="checkbox"/> For my children <input type="checkbox"/> Gift for someone <input type="checkbox"/> Companion pet <input type="checkbox"/> Other _____ | Hours the Pet would be alone? <input type="checkbox"/> 8-9 hours <input type="checkbox"/> More than 9 <input type="checkbox"/> Less than 8 <input type="checkbox"/> Rarely | |

Hopes & Expectations

Check all that apply

| | | |
|---|---|--|
| Type/Breed: <input type="checkbox"/> Rabbit _____ <input type="checkbox"/> Guinea Pig <input type="checkbox"/> Reptile _____ <input type="checkbox"/> Rat <input type="checkbox"/> Bird _____ | Age: <input type="checkbox"/> baby <input type="checkbox"/> juvenile <input type="checkbox"/> young adult <input type="checkbox"/> adult <input type="checkbox"/> Senior or Special Needs _____ <input type="checkbox"/> No Preference | Desired Characteristics: <input type="checkbox"/> Very Active <input type="checkbox"/> Well <input type="checkbox"/> Active <input type="checkbox"/> Mannered <input type="checkbox"/> Calm <input type="checkbox"/> Affectionate <input type="checkbox"/> Outgoing <input type="checkbox"/> Independent <input type="checkbox"/> Confident <input type="checkbox"/> Dependent <input type="checkbox"/> Reserved <input type="checkbox"/> Declawed <input type="checkbox"/> Sensitive <input type="checkbox"/> Other _____ <input type="checkbox"/> Friendly _____ <input type="checkbox"/> Playful _____ |
| Size of Pet <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large | Ideally My Pet Will Live (describe shelter): <input type="checkbox"/> Outside only _____ <input type="checkbox"/> Inside only _____ <input type="checkbox"/> Outside during the day, inside house at night <input type="checkbox"/> Outdoor and garage only <input type="checkbox"/> Inside/Outside at will <input type="checkbox"/> Other _____ | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference |
| Coat (if applicable): <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> No Preference | Is Anyone In Household Allergic to this type of pet? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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 | E-Mail Address |
| Adopter Home Phone | Work Phone | Cell Phone |
| Is Adopter age 18 years or older? | Driver License/ID Number/Expiration Date | (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 |
| | | |
| | | |
| | | |