



OFFICE USE ONLY:		<input type="checkbox"/> PETS FOR THE ELDERLY
		<input type="checkbox"/> SERVED IN THE MILITARY
Dog Meeting necessary? Y / N		Cat Testing necessary? Y / N
If yes, date of dog meet: _____		Time: _____



THANK YOU FOR CHOOSING ADOPTION! PLEASE COMPLETE THE FOLLOWING TO HELP GUIDE OUR CONVERSATION TODAY.

Today's Date: _____ **Time:** _____

<input type="checkbox"/> DOG
<input type="checkbox"/> CAT

Animal(s) Name: _____

Your Name(s): _____ Adopter DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Best way to be reached by phone? Cell Home Work

Best time of day to be reached? Morning Afternoon Evening

Microchip Emergency Contact (someone other than adopter):

Name: _____ Phone: () _____

This pet is meant to be a gift. *I am answering the following questions from the perspective of the lucky recipient.*

WE WELCOME ADOPTERS WHO RENT OR LIVE IN AN APARTMENT OR CONDO. WE WANT TO ALERT YOU THAT SOME LANDLORDS AND MANAGEMENT COMPANIES HAVE SIZE AND BREED RESTRICTIONS, LIMITS ON NUMBER OF PETS, AND/OR REQUIRE PET DEPOSITS OR ADDITIONAL FEES.

Tell us about members of the new pet's household (e.g., # of adults/seniors/young children):

Tell us about your current pets at home:

Type: Dog / Cat Breed _____ Age: _____

Type: Dog / Cat Breed _____ Age: _____

Type: Dog / Cat Breed _____ Age: _____

Type: Dog / Cat Breed _____ Age: _____

My ideal pet is:

	Baby	Under 7 months
	Young	7 mos – 2 yrs
	Adult	2 yrs – 6 yrs
	Senior	7yrs +

	Male
	Female

DOGS

	Small	25 lbs or less
	Medium	26 lbs – 44 lbs
	Large	45 lbs or over

I'm looking for a DOG that is:

	Outgoing
	Cuddly/Lap Dog
	High Energy
	Moderate Energy
	Low Energy
	Dog Friendly
	Cat Friendly
	Kid Friendly

Fenced in yard: Y / N

Exercise Plan: _____

[dog daycare, dog walker, weekend hikes, etc]

I'm looking for a CAT that is:

	Outgoing
	Cuddly/Lap Cat
	Barn/Mouser
	Indoor/Outdoor
	Declawed
	Dog Friendly
	Cat Friendly
	Kid Friendly

We will explain your new pet's medical & behavioral history and assist you in finding a veterinarian. Check additional topics you would like to discuss:

<input type="checkbox"/> Feeding this pet	<input type="checkbox"/> How to help pet settle in at home
<input type="checkbox"/> Pet-proofing your home	<input type="checkbox"/> Introducing to other pets
<input type="checkbox"/> House/Crate/Litterbox training	<input type="checkbox"/> Introducing to new people/child(ren)
<input type="checkbox"/> Microchip/ID options	<input type="checkbox"/> Enrichment options (exercise, toys, etc)
<input type="checkbox"/> Heartworm/Flea/Tick options	<input type="checkbox"/> Pulling on leash
<input type="checkbox"/> Grooming/Nail trimming	<input type="checkbox"/> Finding a trainer
<input type="checkbox"/> Declawing	<input type="checkbox"/> Working/traveling as a pet owner
	<input type="checkbox"/> Moving with pets

Staff Notes:

ANIMAL CARETAKER / STAFF NAME: _____
