

ADOPTION PROFILE

Animal's Name: _____ Adoption Date: _____ **CAT or DOG**

Counselors: _____ FTA _____ By _____



Thanks for visiting! Please take a moment to complete this adoption profile so that we can help find the best possible match for both you and the animals.

Name(s): _____

Address: _____

City/State : _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

CA Driver's License or CA ID: _____ DOB: _____

Email: _____

Emergency Contact: (Please list someone you trust OUTSIDE of your household. This information will be used as an alternate contact for your animal's microchip)

Name: _____ Phone: (____) _____

Household (Check which option applies)

1.) Do you... Own _____ Rent _____ Live with Parents _____ Other _____

(For renters) Do you have your landlord's approval for a pet? Yes _____ No _____

Landlord's Name _____ Landlord's phone _____

2.) My household consists of... # _____ Adults and # _____ Children **(list ages)** _____

3.) Does any member of your household have allergies to animals? Yes _____ No _____

4.) The activity level in my home is... Low _____ Medium _____ High _____

5.) I am... Rarely home (sleep there only) _____ At home fairly often _____ Home all day (or someone is there) _____ Other _____

6.) On a typical day, my pet will be without human company... _____ hrs.

7.) My new pet will spend its time... Indoors _____ Outdoors _____ Access in/out _____ Out during the day / In at night _____ Garage _____ Other _____

8.) Fenced yard at property? Yes _____ No _____ **If YES**, it's _____ ft. and made of: _____

Pet History

9.) Current pets in household:

Type of Pet	Age	Sex	Breed	Spayed or Neutered?	Kept In/Out/Both	How long owned
<i>(ex.) Dog</i>	<i>4yrs</i>	<i>M</i>	<i>Boxer Mix</i>	<i>Yes</i>	<i>Both</i>	<i>2 yrs</i>

10.) Past pets in household:

Type of Pet	How long owned	Why no longer own

11.) My current veterinarian is... _____ Need recommendation for a vet?: Y / N

12.) I'm looking to adopt a pet for (check all that apply)...

- | | |
|--|-----------------------------------|
| _____ Running/Hiking/Outdoor Activity | _____ Companionship for other pet |
| _____ Cuddling/Snuggling/Companionship | _____ Companionship for child |
| _____ Protection/Alarm/Safety | _____ A gift for someone else |
| _____ Hunting/Mousing | _____ Other: _____ |

13.) What behaviors or circumstances, if any, may cause you to give up a pet?

14.) I'd like more information on (check all that apply)...

- | | |
|--|--|
| _____ Time Commitment | _____ Barking |
| _____ Financial Commitment | _____ Introduction to children in the home |
| _____ Introduction to Other Animals | _____ Behavior training |
| _____ House-training/Litter-box Training | _____ Vaccinations, Routine Vet Care, and General Health |
| _____ Destructive Behavior | _____ What to expect in the first few weeks/months |

15.) I heard about your organization through... Word of mouth/friend _____ Website _____ Facebook _____
 Instagram _____ Newspaper _____ Radio _____ Other: _____

16.) Signature _____ Today's Date _____

* I certify that all the information in this application is true and I understand that false information may void the adoption and future adoptions from the SCSPCA.*

- | | | |
|---|---|--|
| <input type="checkbox"/> Home Ownership Verified/Attached | <input type="checkbox"/> Microchip Registered – Date: _____ | <input type="checkbox"/> Payment Type: Cash - Credit – Check |
| <input type="checkbox"/> Follow Up Call: _____ | <input type="checkbox"/> Microchip Company: _____ | <input type="checkbox"/> Adoption Fee: |