

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) (Please also list name of spouse or partner): _____

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 (Circle or fill in which option(s) applies)

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

(For renters) Do you have your written landlord's pet approval with you today? Yes _____ No _____

2.) My household consists of: # _____ Adults and # _____ Children (**list kid's 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.) On average, I'm: Rarely home At home fairly often Home all day

Other: _____

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

7.) When I am home, my new pet will spend its time: Indoors Outdoors Access In/Out Garage

8.) When I am NOT home, my new pet will spend its time: Indoors Outdoors Access In/Out Garage

9.) At night, my new pet will spend its time: Indoors Outdoors Garage

8.) Fenced yard at property? Yes _____ No _____ **If YES**, it's _____ ft. tall 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"/> APN #: _____	<input type="checkbox"/> Microchip Company: _____	<input type="checkbox"/> Adoption Fee: <input type="checkbox"/> Follow Up Call: