



Getting to know you...

Adoption Interest Form

Thank you for choosing adoption! Please complete the following questions to help guide our conversations today.

I am interested in adopting (please circle): DOG CAT SMALL CRITTER

Please name the pet(s) that interest you: _____

Name (Mr./Ms.): _____

Address: _____

City: _____ State: _____ Zip: _____

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

Drivers License #: _____

Email Address: _____

Please list the **first** and **last** name (if different from your own) for each **adult** who also shares your home:

Best way to be reached by phone (please circle): Cell Home Work

Best time of day to be reached (please circle): Morning Afternoon Evening

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. Please consider your landlord's policies prior to adoption to ensure that you and your potential pet have an easy transition.

Please tell us about pets in your home (check all that apply):

- I have no other pets. I have one or more dog(s).
- I have one or more cat(s). I have one or more small critter(s).
- I would like tips for introducing a new pet to pet(s) at home.

Please tell us a little bit about the dynamics of your home (please circle all that apply):

My pet needs to be good with the following:	Infants/Toddlers	Young Children up to 8 years	Older Children over 8 years	Teenagers/Adults	Elderly
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My pet needs to get along with following kinds of pets:	Dogs Only	Cats Only	Dogs & Cats	Other	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The noise/activity level of my home is usually:	Low	Medium	High		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We will explain this pet's medical and behavioral history. Please let us know if there are any additional questions that we can answer for you today: _____

Please stop here & take this form to an adoption counselor for review. After a short discussion, they will be able to assist you in finding a good match for your lifestyle and family! Thank you.

DATE:

NAME: