



**Please Remember to Complete the Back**

**Adopter Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

*All adopted animals also come with 30 days of pre-paid pet health insurance, courtesy of 24PetWatch Pet Protection Services. A Valid email address is required and must be written on your adoption application.*

Do you:  Rent  Live with Parents  Own

Type of Residence (house, apartment, etc.) \_\_\_\_\_

Name and Phone Number of Land Lord (if applicable): \_\_\_\_\_

**Current Pets**

Pet's Name	Species/Breed	Age (Approx.)	Spay/Neuter (Y/N)	Male/Female

**Match Questionnaire**

My dog needs to get along with other dogs, cats, or other animals:  Yes  No

If yes, what animals?  
\_\_\_\_\_

I am adopting this dog for:  Myself  My child  My family  A friend/relative

I prefer a:  Male  Female  No Preference

My Home Atmosphere is Like:  Grand Central Station  Some Activity  Zen-garden serene

I like dogs that are:  Small (Example: Yorkie)  Medium (Example: Beagle)  Large (Example: Lab)  
 X Large (Example: St. Bernard, Mastiff, Great Dane)  Any

In my home there are \_\_\_\_\_ adults (including myself).

In my home there are \_\_\_\_\_ kids (please list ages) \_\_\_\_\_

How often do children visit the home? \_\_\_\_\_

What ages are they? \_\_\_\_\_

It's important to me that my dog.....

\_\_\_\_\_

Bad habits I cannot tolerate:

\_\_\_\_\_

The dog will be kept:  Inside Only  Outside Only  Inside/Outside AND when outside my means of confinement is: (please check all that apply):  None, Free Roaming  Leash  Fence  Outside Enclosure  Porch (circle one): enclosed or open  Other: \_\_\_\_\_

I would like a dog that is:

\_\_\_\_\_

I may be interested in seeing these dog(s) I saw on the website:

\_\_\_\_\_

How did you hear about us?

Previous Adoption  Internet  Word of Mouth  Television  PetFinder Webpage  
 HSSC booth at event  Other: \_\_\_\_\_

### Office Use Only

Adoption Counselor Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date \_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_