

Pets & People Profile

Thank you for filling out this profile.

The information you provide will help us help you find the best match for you and your family.



DOG CAT SCA

PERSON'S NAME

PLEASE PRINT CLEARLY

Date _____ Name(s) of Adopter(s) _____

Street Address/PO Box _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Driver's license # _____

Ages of children in household _____

Do you currently have a veterinarian? No Yes Name _____

We welcome adopters who rent, or live in an apartment or condo. Some landlords and management companies have size and breed restrictions, limits on number of pets, and/or require pet deposits or additional fees.

CURRENT PETS	YOU & YOUR HOUSEHOLD	YOUR IDEAL ANIMAL
Type/Breed _____ Name _____ Age _____ Sex _____ Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No Kept <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both	Animal Experience <input type="checkbox"/> First-time guardian <input type="checkbox"/> Have had one or two <input type="checkbox"/> Knowledgeable & experienced	Ideal Pet _____
Type/Breed _____ Name _____ Age _____ Sex _____ Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No Kept <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both	Time Away From Home <input type="checkbox"/> Out Part-time <input type="checkbox"/> Away 7-10 hours daily <input type="checkbox"/> Can bring animal to work	Ideal Adult Size <input type="checkbox"/> No Preference _____
Type/Breed _____ Name _____ Age _____ Sex _____ Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No Kept <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both	Our Animal Will <input type="checkbox"/> Live indoors only <input type="checkbox"/> Live indoors/outdoors <input type="checkbox"/> Live outdoors only <input type="checkbox"/> Live in garage	Ideal Coat <input type="checkbox"/> No Preference _____
		Ideal Age <input type="checkbox"/> No Preference <input type="checkbox"/> Senior _____
		Gender Preference <input type="checkbox"/> No Preference _____
		<input type="checkbox"/> Prefer declawed cat

Date

SB#

