| Animal Name: | Date: | Time: |

Name: _____

Address: _____City: _____

State: _____ Zip: _____ Email: _____

Home #: _____ Work #: _____ Cell #: _____

Please list names and ages of all other household members (roommates, spouse, children etc.)
_____

Do you rent or own this residence?   Rent   Own   Other: _____

    Landlord's name / phone #: _____

    What type of home is this? (house, apt, etc.):_____

Current veterinarian name and number: _____

I have owned the following animals in the past 5 years:

Pet's Name	Breed	Age	Altered	What happened to this pet?
			Y N	
			Y N	
			Y N	

Is this animal a gift? _____ If yes, for whom? _____

Where will the animal be primarily housed? _____

How long will this animal be left alone during the day,? Where would he/she stay?
_____

Where would he/she stay if you are out of town? _____

How do you plan on exercising your dog? _____

I'm looking for a dog that is: (please circle all that apply)

Energetic	Calm	Good with kids	Independent
Playful	Couch potato	Good with other dogs	Confident
Hiking or running partner	Good with visitors	Good with cats	Quiet

By signing below, I agree that all information provided is true to the best of my knowledge. I give NSPCA permission to verify this information and understand that omission or misrepresentation of facts is cause for denial of this application.

_____   _____
Applicant's Signature   Date

Adoption Counselor: _____

Adoption Counselor Checklist to review with adopter:
- Other animals in the home
- People in the home with allergies
- Indoor pets
    - Dog proofing home
    - Importance of chew toys
    - Walking with proper fitted harness, safe walking
    - Getting pet on a schedule for potty breaks, accidents do happen
- Vaccinations and licensing laws (*Mention our vaccine clinic for next vaccinations*)
- Heartworm Prevention *(We sell heartworm and flea prevention for a low cost!)*
- Review pets incoming profile (if available)
- Review behavioral assessment (if available)
- Any behavioral issues specific with this pet
- Any medical issues specific with this pet
- Meeting with all residents in the home. Still needs to visit: _____
- Home ownership or landlord's policy
- Any additional questions or concerns regarding this animal

Notes:

Office Use Only (Be sure to date calls)

Landlord or home ownership verified: _____

Rabies vaccine verified by veterinarian: _____

All residents in home visited the pet: _____

Dog Introductions with resident dog pass? _____

Application: Approved or Not Approved _____

(if not approved, list why): _____