



Adoption Profile

(Please print) Last Name	First Name	Date
(Secondary Contact) Last Name	First Name	Primary Phone #
Physical Street Address	Apt. # / Lot #	Secondary Phone #
City, state, zip	Date of Birth	
Email Address	Driver's License #	

<input type="checkbox"/> Rent <input type="checkbox"/> Own Landlord/Apartment Name & Phone # _____ _____ <i>*Adoption Counselors have the right to verify home ownership or landlord approval prior to adoption approval.</i> <input type="checkbox"/> House <input type="checkbox"/> Mobile <input type="checkbox"/> Apt. <input type="checkbox"/> Townhome Are you moving in the near future? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Number in household: _____ adults _____ children (ages _____) _____ dogs _____ cats How often do children visit the home? <input type="checkbox"/> Daily <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely Ages of children: _____ Are all the members in the household in agreement with adopting a new pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	What type of pet are you looking for? Please check all that apply: <table><thead><tr><th>Dog/Puppy</th><th>Cat/Kitten</th><th>Pocket Pet</th></tr></thead><tbody><tr><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Playful</td><td><input type="checkbox"/> Mouse/Rat</td></tr><tr><td><input type="checkbox"/> Couch Potato</td><td><input type="checkbox"/> Short Hair</td><td><input type="checkbox"/> Hamster</td></tr><tr><td><input type="checkbox"/> Hypoallergenic</td><td><input type="checkbox"/> Long Hair</td><td><input type="checkbox"/> Guinea Pig</td></tr><tr><td><input type="checkbox"/> Guard Dog</td><td><input type="checkbox"/> Declawed</td><td><input type="checkbox"/> Rabbit</td></tr><tr><td><input type="checkbox"/> Small Breed</td><td><input type="checkbox"/> Lap Cat</td><td><input type="checkbox"/> Birds</td></tr><tr><td><input type="checkbox"/> Outdoor Dog</td><td><input type="checkbox"/> Outdoor Cat</td><td><input type="checkbox"/> Ferret</td></tr><tr><td><input type="checkbox"/> Other _____</td><td><input type="checkbox"/> Other _____</td><td><input type="checkbox"/> Other _____</td></tr></tbody></table> <p>It may take your new pet six weeks or longer to adjust to your home, sometimes longer, if other pets are involved. Are you prepared to allow this much time to adjust? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you understand that an animal's behavior in the shelter may be different than the behaviors exhibited in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please list any pets that you have:</p> <table><thead><tr><th>Pet name & breed</th><th>Age</th><th>M/F</th><th>Spayed / Neutered</th><th>Current on vaccines?</th><th>Kept where?</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	Dog/Puppy	Cat/Kitten	Pocket Pet	<input type="checkbox"/> Active	<input type="checkbox"/> Playful	<input type="checkbox"/> Mouse/Rat	<input type="checkbox"/> Couch Potato	<input type="checkbox"/> Short Hair	<input type="checkbox"/> Hamster	<input type="checkbox"/> Hypoallergenic	<input type="checkbox"/> Long Hair	<input type="checkbox"/> Guinea Pig	<input type="checkbox"/> Guard Dog	<input type="checkbox"/> Declawed	<input type="checkbox"/> Rabbit	<input type="checkbox"/> Small Breed	<input type="checkbox"/> Lap Cat	<input type="checkbox"/> Birds	<input type="checkbox"/> Outdoor Dog	<input type="checkbox"/> Outdoor Cat	<input type="checkbox"/> Ferret	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	Pet name & breed	Age	M/F	Spayed / Neutered	Current on vaccines?	Kept where?																								
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Signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand the Helping Hands Humane Society has the right to deny my request to adopt an animal. I authorize the investigation of all statements in this application. I authorize the request of all veterinarian records by the Helping Hands Humane Society. I understand this application is the property of the Helping Hands Humane Society

Signature _____ Date _____

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT



Adoption Counselor Notes

For Adoption Counselor use only

Who are they adopting the pet for? When do they plan on adopting?

Pet environment (where it will primarily live, percentage it will be in/out how tall is the fence, if pet is outdoors, how will the pet be kept)

Pet Preference (size, energy level, breed, etc.)

Any behavior they find unacceptable (separation anxiety, destructive, escape artists, barking, etc.)

Any requirements the pet must meet (kid friendly, cat friendly, dog friendly, house broken, etc.)

Personal pet(s) info (any behaviors to make note of)

Vet care (do they have a vet, are they aware of what vaccines the pet will need yearly, do they plan to keep the pet on monthly flea, tick, and heartworm prevention)

Additional notes

Profile approved _____ Profile disapproved _____ Reason: _____

Landlord Policy _____