Kennel #	A	Employee
☐ Pending Landlord	☐ Pending Home Dog	Other
	Adoption S	Survey
Date	Your Township	o/Borough
Name		
Address		
City	County	State Zip
Home Phone ()	Work Phone (_)
Driver's License #	Email	
Employer	Spouse's Empl	oyer
Alternate contact information (fr	iend or family member outside of the hous	ehold) for microchip registration.
Name	Phone ()
How did you learn about this ani	mal?	
1. How many live in your housel	nold? Adults (18+)	Children
2. How old are the children?		
(Please check) 3. Do all adults in the residence before the control of the cont	know you plan to adopt?	☐ Yes ☐ No
4. Is it possible for all household	residents to meet this pet before adoption	?
5. Does anyone living in the hou	sehold have any known allergies to pets?	☐ Yes ☐ No
6. Please Check:	nt \square Own \square Live with parent	S
7. I live in:	use Townhouse Apartment	Mobile Home Group Home

8. If you rent, what will you do with this pet when you need to move?

10. Have you worked with this shelter before (adopted/surrendered)?

□ No

15. Do you agree to have this animal spayed or neutered?

 \square_{Yes}

☐ Cat

 \square_{No}

Dog

14. Are you prepared to take this animal to your veterinarian for a complete examination within 7 days?

12. What do you think it will cost to care for this animal for the next year? (Food, shelter, equipment, and vet care)

Under \$100 \ \$100-300 \ \$300-500 \ \$500-700 \ \$700-1000 \ Over \$1000

□No

 \square No

☐ Yes

Other:

 \square Yes

9. Are you a college student?

13. Who will be your veterinarian?

☐Yes

11. Looking to adopt:

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You are almost done and one step closer to meeting your furry friend!