

Pets & People Profile

Kennel # _____	Application Date: ___/___/___ Adoption Date: ___/___/___		
Dog Name: _____		Counselor: _____	
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.			
Name: _____		Date Of Birth ___/___/___	
Address 1: _____			
Address 2: _____		State: _____	Zip: _____
Home Phone: _____		Work Phone _____	
Email: _____			
May we call you at work to notify you of potential adoptable dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Names of others in household (include ages of children): _____ _____			
Pet Allergies?: _____			
Time at Current Address: _____		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with parents <input type="checkbox"/> Military	
Housing type: <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile home			
Landlord Name: _____		Landlord Phone: _____	
Current veterinarian: _____		City: _____	

Current Pets

Type: _____ Breed: _____ Age: _____ Sex: _____ Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside How long have you owned this pet?: _____	Type: _____ Breed: _____ Age: _____ Sex: _____ Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside How long have you owned this pet?: _____	Type: _____ Breed: _____ Age: _____ Sex: _____ Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside How long have you owned this pet?: _____
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Pet History

Type: _____ Breed: _____ Age: _____ Sex: _____ Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside How long did you own this pet?: _____	Type: _____ Breed: _____ Age: _____ Sex: _____ Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside How long did you own this pet?: _____	Type: _____ Breed: _____ Age: _____ Sex: _____ Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside How long did you own this pet?: _____
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You & Your Household

Dog Experience: <input type="checkbox"/> First Time Owner <input type="checkbox"/> Have had one or two <input type="checkbox"/> Knowledgeable & Experienced	Time Away: <input type="checkbox"/> Home all day <input type="checkbox"/> Out part-time <input type="checkbox"/> Away 7-10 hours daily	Our Dog Will Live: <input type="checkbox"/> Indoors only <input type="checkbox"/> Indoors/Outdoors <input type="checkbox"/> Outdoors only	Home Atmosphere <input type="checkbox"/> Grand Central Station <input type="checkbox"/> Some activity <input type="checkbox"/> Zen-garden serene
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Staff Comments	Date Called	Animal's Name
Guideline Exceptions		

Date _____ Counselor Initials _____ Approved _____ Denied/Priors Made _____
 Pending Landlord Approval (date) _____ Received (date) _____ Applicant Informed _____
 Pending Parent Approval (date) _____ Received (date) _____ Check Impound File _____