

Adoption Profile

Adopter Information:

Date:	Time:
Name:	E-mail:
Address:	Phone (H):
City, State, Zip:	Phone (W):

- I am interested in a: Dog Puppy Cat Kitten
- Who is the pet for: Self Gift
 If gift, for whom: _____ Is adopter over 18? _____
- Number of people living in household: _____
 How many children: _____ Ages: _____
- How long will pet be left alone each day: _____
- Do you live in a house or apartment? _____
- Do you own or rent? _____ If renting, does lease allow pets _____
 Landlord's phone number _____
- Are you planning to move? _____ When? _____
- Do you have a private yard? _____ Is it fenced? _____
 Fence height at lowest point: _____ Fence height at highest point: _____

9. **Where will your pet be kept during daytime:** _____

At Nighttime: _____

10. **Is anyone in the household allergic to pets?** **Yes** **No**

11. **Do you have other pets now?** **Yes** **No**

If yes, please list them here:

Species	Breed	Age	How long you've had the pet

If no, have you ever had a pet before? **Yes** **No**

12. **Please list your most recent pets who are no longer with you:**

Species	How long did you have the pet?	What happened to the pet?

13. **Have you ever adopted from PIN before?** **Yes** **No**

14. **Veterinarian's name:** _____ **City:** _____

15. **If you do not currently have a veterinarian, please list one personal reference:**

Name: _____

Address: _____

Phone: _____

Client Services Representative Signature: _____