



# ADOPTER PROFILE

Thank you for considering adopting a pet from the Pennsylvania SPCA!

## CONTACT INFORMATION

FULL NAME		
ADDRESS	UNIT	CITY/STATE/ZIP
PHONE NUMBER	EMAIL	
ALTERNATE CONTACT NAME & NUMBER		

If your photo ID does not have the correct address we require a secondary item with the correct address.

Have you adopted from us before?  Yes  No

Does your home have any species, size, or breed restrictions? \_\_\_\_\_

## HOUSEHOLD

How many people live in your household?	Ages of children under 18:
Names of all adults living in the home:	

Are there any children who visit regularly (partial custody, grandchildren, etc.)?  Yes  No

Have you had pets in the last 10 years?  Yes  No If yes, please list below:

DOG/CAT/OTHER	AGE	SPAYED/NEUTERED?	WHERE ARE THEY CURRENTLY?

If adopting a dog, bring any dogs currently living in the home for a meet. You must bring proof of their up-to-date rabies and distemper vaccinations.

Name of current veterinarian \_\_\_\_\_

Are you financially willing and able to provide annual vaccinations, exams, and routine medical care for your pet? This is an annual commitment of \$200 to \$400.  Yes  No

Have you ever had to surrender a pet to a shelter?  Yes  No

If yes, why? \_\_\_\_\_

## HELP US TO FIND YOUR PERFECT PET!

Why are you looking to add a new pet to your home?

What qualities are you looking for in your ideal pet?

My new pet needs to get along with: *(check all that apply)*

Young children    Teens    Adults    Elderly    Dogs    Cats

On average, my pet will be alone for \_\_\_\_ hours per day.

What is your plan for your pet when they're home alone? \_\_\_\_\_

I have experience with the following behaviors:

DOGS:  Jumping/Pulling    Fear of strangers    Food aggression    Other: \_\_\_\_\_

CATS:  Shy/hiding    Destructive/scratching    Hyperactive    Other: \_\_\_\_\_

How much training are you willing to do with your pet?    None    Some    A lot

## MULTI-PET HOME

SKIP THIS SECTION IF YOU DON'T HAVE ANY PETS CURRENTLY

How do you plan to introduce your new pet to the pets currently in the home?

FOR DOG ADOPTERS WITH OTHER DOGS CURRENTLY IN THE HOME

How often does your current dog interact with other dogs? \_\_\_\_\_

Has your current dog lived with other dogs in the past?    Yes    No

Has your current dog ever had issues with another dog it met? Please describe:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*By signing this form, I acknowledge that all information on this form is true and correct. I understand that any misrepresentation of the facts may result in the PSPCA refusing adoption privileges to me.*