



Thank you for choosing adoption!

PLEASE COMPLETE THE FOLLOWING QUESTIONS TO HELP GUIDE OUR CONVERSATION TODAY.

Animal (Dog/Cat): \_\_\_\_\_ Animal Name: \_\_\_\_\_ Appt Date: \_\_\_\_\_

Your Name(s): Mr./Ms. \_\_\_\_\_

Address: \_\_\_\_\_ Town, Province, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Main phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_ Are you +18? \_\_\_\_\_

Best way to be reached by phone?  Main  Secondary
Best time of day to be reached?  Morning  Afternoon  Evening

Many of our shelter animals have not had basic training and exhibit behaviors such as jumping up, mouthing, scratching, nipping or play biting. When being introduced you may experience one or more of these behaviors or none at all. To indicate that you are aware of the risk and do not hold our organization liable for any injuries caused by animals in care. Please initial here: \_\_\_\_\_

HELP US TO LEARN ABOUT YOUR HOME ENVIRONMENT? (Please check all that apply)

Table with 6 columns and 4 rows of housing and pet options, each with a checkbox.

We welcome adopters who rent, or live in an apartment or condo. We want to alert you that some landlords and management companies have size and breed restrictions, limits on number of pets, and/or require pet deposits or additional fees which could affect the approval of the adoption.

TELL US ABOUT MEMBERS OF YOUR HOUSEHOLD (E.G., # OF ADULTS/SENIORS/YOUNG CHILDREN):

Three horizontal lines for entering household information.

**TELL US WHAT YOU'RE LOOKING FOR? (Please check all that apply)**

<b>Sex</b>	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	No preference				
<b>Age</b>	<input type="checkbox"/>	Puppy	<input type="checkbox"/>	Young adult	<input type="checkbox"/>	Senior	<input type="checkbox"/>	No preference		
<b>Size</b>	<input type="checkbox"/>	Small	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Large	<input type="checkbox"/>	Extra Large (100+)	<input type="checkbox"/>	No preference
<b>Energy</b>	<input type="checkbox"/>	Low	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	High	<input type="checkbox"/>	Very High	<input type="checkbox"/>	No preference
<b>Coat</b>	<input type="checkbox"/>	Short	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Long	<input type="checkbox"/>	Non-Shedding	<input type="checkbox"/>	No preference
<b>CAT ADOPTERS ONLY. Do you plan on declawing your cat?</b>										
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe										

**IT IS VERY IMPORTANT FOR MY PET TO... (Please check all that apply)**

<input type="checkbox"/>	Be friendly with children	<input type="checkbox"/>	Be friendly with visitors to the house	<input type="checkbox"/>	Be playful
<input type="checkbox"/>	Be friendly with other dogs	<input type="checkbox"/>	Enjoy being held	<input type="checkbox"/>	Be quiet
<input type="checkbox"/>	Be friendly with cats	<input type="checkbox"/>	Be calm	<input type="checkbox"/>	Be independent

**WHICH OF THE FOLLOWING WOULD YOU BE WILLING TO WORK ON WITH YOUR NEW PET? (Please check all that apply)**

<input type="checkbox"/>	House Training	<input type="checkbox"/>	Litter Box Issues
<input type="checkbox"/>	Separation Anxiety	<input type="checkbox"/>	Play aggression
<input type="checkbox"/>	Jumping Up and Mouthing	<input type="checkbox"/>	Barking Problems
<input type="checkbox"/>	Food and/or Toy Possessiveness	<input type="checkbox"/>	Basic Training/Leash Skills
<input type="checkbox"/>	Shy/Fearful Behaviors	<input type="checkbox"/>	Poor Social Behaviors

**WE'LL EXPLAIN THIS NEW PET'S MEDICAL HISTORY AND BEHAVIORAL HISTORY. Check additional topics you'd like to discuss**

<input type="checkbox"/>	House-training/litter box training	<input type="checkbox"/>	Walking on leash or harness
<input type="checkbox"/>	Crate Training	<input type="checkbox"/>	Microchips and other ID options
<input type="checkbox"/>	Grooming/nail trimming	<input type="checkbox"/>	Declawing Cats
<input type="checkbox"/>	Finding a Trainer	<input type="checkbox"/>	Finding a Veterinarian
<input type="checkbox"/>	Introducing this pet to other pets	<input type="checkbox"/>	Puppy/Kitten proofing your home

**EXTRA SERVICES AND OPPORTUNITIES; CHECK ANY THAT YOU ARE INTERESTED IN:**

- Information about supporting us with financial or in-kind donations
- City Dog Licenses for City of Red Deer
- Information on our Children's Programs (Birthday Parties, Summer Camps, etc.)
- Information on volunteering or fostering with us
- Make ID tags for newly adopted or current pets
- Information on our 'Helping Paws' Pet Food Bank Program
- 3 week consult from our Animal Care Staff after adoption (discuss how things are going)



Adoption approved by \_\_\_\_\_