



SOMEBODY HERE NEEDS YOU.

Date:

ANIMAL NAME/ID#: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE # _____ WORK #: _____ CELL #: _____

DRIVER'S LICENSE NUMBER: _____ DATE OF BIRTH: _____

E-MAIL ADDRESS: _____

- 1) What are you looking for in a pet today? Are there any characteristics you can't tolerate?

- 2) What will a typical day be like for your pet? When you are not home or able to supervise your pet, how will they spend their time?

- 3) Do you:
4) Rent Live with parents Own Type of residence (house, apt, etc.): _____
- 5) Landlord's name/phone # if applicable: _____
- 6) Are you a current MHS veterinary client? Yes No
- 7) If not, who is your current veterinarian: _____

Person ID:

Do you currently own or have you owned any pets in the past five years?					
Pet's Name	Breed	Age	Sterilized	Vaccinated	Where is the pet now?

- 8) Have you adopted from MHS before? Yes No
- 9) Is everyone in your family excited about the new pet? Yes No
- 10) The new pet will have to be comfortable sharing their home with children that are _____ years and up.

Other comments:

AARP Member Pets for Patriots Member

Approved for SC _____ Approved Pending Declined Staff Initials: _____ MGT Initials: _____

Name:

Microchip Emergency Contact (Name & #):

Dog to Dog Interactions:

I have been counseled on the risks of URI/KC and understand the potential risk to other pets who may come in contact with this animal: _____ (initial of potential adopter)

Special Consideration Adoptions-**Employee Use Only**

- Medical Considerations/Waivers**
- Breed Specific Legislation** Ban Restrictions (See MGT) None N/A
- Training and Behavior**
- Other Animals & Dog to Dog Intro's**
- Housing Restrictions** None Restrictions: _____
- Home Owners Insurance**
- General Outdoor Safety Tips**

NOTES: _____
