



Sacramento SPCA – Let's Get Acquainted

Small Animal & Exotic Adoption

How did you hear about us?

Website TV Newspaper Friend/Family Penny Saver Other Date

Name	Address	City/State/Zip
Home Phone	Work Phone	Cell phone
Are you 18 years of age or older?	Drivers License or ID/Expiration	Email Address

We are committed to reducing pet overpopulation and spay/neuter all pets before they go home.

You and Your Household

Please check all that apply

<p>Time away from home:</p> <input type="checkbox"/> Home all day <input type="checkbox"/> Out part time <input type="checkbox"/> Away 7-10 hrs/day <input type="checkbox"/> Other _____	<p>Living situation:</p> <input type="checkbox"/> Rent Landlord : _____ Phone: _____ <input type="checkbox"/> Own <input type="checkbox"/> Live w/ Parents <input type="checkbox"/> Mobile Home <input type="checkbox"/> Condo	<p>Home lifestyle:</p> <input type="checkbox"/> Very Active <input type="checkbox"/> Active <input type="checkbox"/> Somewhat Active <input type="checkbox"/> Calm and quiet	<p>Rabbit, Rodent, Bird, Reptile</p> <input type="checkbox"/> First Time Owner <input type="checkbox"/> Have Had One or Two <input type="checkbox"/> Have Had Many
<p>Children and your home:</p> <input type="checkbox"/> I have children; ages _____ <input type="checkbox"/> I do not have children <input type="checkbox"/> Children visit my home; ages _____ <input type="checkbox"/> Children rarely visit my home	<p>Reason for adopting:</p> <input type="checkbox"/> Family Companion <input type="checkbox"/> For My Children <input type="checkbox"/> Gift for Someone <input type="checkbox"/> Companion for Pet <input type="checkbox"/> Other _____	<p>What will you spend yearly for the care of your pet? (food, medical, boarding, toys, licensing, grooming, scratching posts, etc.)</p> <p style="text-align: right;">\$ _____</p>	

History and Preferences

Please check all that apply

<p>Type of pet(s) I like:</p> <hr/> <hr/>	<p>During the day my pet will be (check box):</p> <input type="checkbox"/> Inside – confined <input type="checkbox"/> Inside – roaming freely <input type="checkbox"/> Outside – confined <input type="checkbox"/> Outside – roaming freely	<p>Check <u>ALL</u> personality traits you want OR could accept:</p> <input type="checkbox"/> Very independent <input type="checkbox"/> High energy <input type="checkbox"/> Calm, relaxed <input type="checkbox"/> Somewhat friendly <input type="checkbox"/> Very friendly <input type="checkbox"/> Affectionate <input type="checkbox"/> Playful <input type="checkbox"/> Gentle, well mannered <input type="checkbox"/> Calm
<p>Type of pet(s) I do not want:</p> <hr/> <hr/>	<p>At night my pet will be (check box):</p> <input type="checkbox"/> Inside – confined <input type="checkbox"/> Inside – roaming freely <input type="checkbox"/> Outside – confined <input type="checkbox"/> Outside – roaming freely	<p>Is anyone in your household allergic to:</p> <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Other _____
<p>Coat type preferred:</p> <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> No preference <input type="checkbox"/> Shedding (circle below) Low Medium High	<p>Age:</p> <input type="checkbox"/> Baby <input type="checkbox"/> Young adult <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> Special needs _____ <input type="checkbox"/> No preference	
<p>Sex:</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference		

Behavioral Traits

CURRENT & PREVIOUS Pets (write in letter [below] that best describes how each behavior was dealt with):

- A = Accepted (didn't matter)**
- B = Crated/confined**
- C = Trained myself**
- D = Left pet outside/kept outside**
- E = Didn't keep pet**
- F = Other _____**

- ___ Vocal/Noisy
- ___ Hyperactive/too excitable
- ___ Biting/scratching people
- ___ Aggressive w/unknown pets
- ___ Aggressive w/familiar pets
- ___ Plays roughly
- ___ Hides occasionally
- ___ Hides often

Unacceptable behavior toward people:

- Very active/very playful
- Unfriendly or fearful toward adults
- Unfriendly or fearful toward children
- Aggressive – may bite or scratch
- Independent – doesn't really need people much

Unacceptable behavior toward animals:

- Friendly or ignores
- Unfriendly toward another pet
- May attack another pet
- Gets along with your pets but not unknown pets
- Afraid of other animals – backs away

Pets Living with you PAST and PRESENT (Please list all in the past 10 years)

Pet's Name	Age	Sex	Breed/Type	Altered?	How Long Owned?	Kept In, Out, Both	Still Have? If No, Why?

FOR OFFICE USE ONLY

Case # _____ Counselor's Name: _____

Hold Pending: Other Adults Children Other: _____

Required topics covered with counselor: _____

I have been made aware of and understand the information written and checked by the counselor and have chosen to adopt this pet.
 _____ PRINT (adopter) _____ SIGN (adopter) _____ (date)

- | | | |
|---|---|---|
| <input type="checkbox"/> Personality Traits | <input type="checkbox"/> Reason For Wanting | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Activity level | <input type="checkbox"/> Previous Pets | <input type="checkbox"/> Spaying/Neutering |
| <input type="checkbox"/> Introductions | <input type="checkbox"/> Indoor/Outdoor | <input type="checkbox"/> Biting/Scratching |
| <input type="checkbox"/> Children | <input type="checkbox"/> Destruction | <input type="checkbox"/> SPCA Behavior Helpline (free) |
| <input type="checkbox"/> Health Care/Cost | <input type="checkbox"/> Breed | <input type="checkbox"/> SPCA Retail Store |

Pet Request: Landlord Contacted/Policy _____ Paid \$15 Date _____ Renewal (\$15) Date _____

Pre-counseling completed/Counselor: _____ Pre-counseling notes: _____

Date: _____ Animal Details: _____ Outcome: _____
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