

Please check ALL of the following topics you would like to discuss with the Adoption Counselor or Dog Trainer:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Spaying/Neutering | <input type="checkbox"/> Diet/Nutrition | <input type="checkbox"/> Diseases/Viruses | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Cost | <input type="checkbox"/> Exercising | <input type="checkbox"/> Introducing other pets | <input type="checkbox"/> Introducing children |
| <input type="checkbox"/> Biting | <input type="checkbox"/> Indoors vs. outdoors | <input type="checkbox"/> Housebreaking | <input type="checkbox"/> Containment |
| <input type="checkbox"/> Spraying | <input type="checkbox"/> Jumping on counters | <input type="checkbox"/> Litter training | <input type="checkbox"/> Declawing |
| <input type="checkbox"/> Scratching objects | <input type="checkbox"/> Chewing | <input type="checkbox"/> Crate training | <input type="checkbox"/> Digging |
| <input type="checkbox"/> Jumping | <input type="checkbox"/> Barking | <input type="checkbox"/> Obedience training | <input type="checkbox"/> Other _____ |

.....
Adopter's Name(s): _____

Current Address: _____

Apt #: _____ **City:** _____ **State:** _____ **Zip:** _____

How long have you been at this address? _____

Phone: _____ **Home:** _____ **Work:** _____ **Cell:** _____

E-Mail: _____

Current Employer: _____ **Phone:** _____

If you are not employed, who will be financially responsible for this pet? _____

By signing, I affirm I am 21 years of age or over, and the information contained on this form is true to the best of my knowledge. I understand that FKSPCA Adoption Counselors may approve or deny an adoption based on this or other information during my visit. Should I be approved for adoption, I understand that I will be required to make a substantial commitment of time and money to this animal for up to 20 years.

Signature: _____ **Date:** _____

Pets interested in adopting: 1. _____ **2.** _____ **3.** _____

FOR STAFF USE ONLY	Date: _____
Counselor: _____	
Person ID# _____ Searched by: _____ # of animals shown _____	
Comments: _____	

Drivers License/ID # _____ Date of Birth _____	

