



Person ID: \_\_\_\_\_

Checked in by: \_\_\_\_\_

**Welcome! Thank you for choosing adoption through the Sacramento SPCA! Please complete the following questions to help guide our conversation today.**

First Name/Last Name	Address (No PO Box)	City/State/Zip
Spouse/Partner Name		
Home Phone ( ) -	Work Phone ( ) -	Cell Phone ( ) -
Date of Birth: / /	Drivers License #	Email

Your privacy is very important to us. We do not trade, sell, or share any of your information, except to share your contact information with select partners who help us care for the animals in our shelter and assist us in taking care of you and your new pet (offer coupons for pet-related care). We also share your email with our microchip company so they can contact you in case your new pet gets lost. Please check here if you would like to opt out of our shared list:  Would you still like to be included for the sole purpose of microchip contact?

**We love to follow up with our adopters! Please answer the following questions to help us do so:**

Best way to be reached:  Cell phone  Work Phone  Home Phone  Email  Please do not contact me

Best time of day to be reached?  Morning  Afternoon  Evening

This pet is meant to be a gift. I am answering the following questions from the perspective of the lucky recipient.

**Tell us about members of the new pet's household (e.g., # of adults/seniors/young children):**

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**Tell us about pets at home (check all that apply):**

I am a first-time owner or it has been a while since I've had a pet

We have one or more dog(s)

We have one or more small animal(s)

We have one or more cat(s)

I'd like help with introducing a new pet to pet(s) at home

**Tell us a little more about what you are looking for in the pet you adopt:**

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

*Please complete the other side*

**We'll explain your new pet's medical history and behavioral history. Check additional topics you'd like to discuss:**

Home	Handling	Health	Happiness
<input type="checkbox"/> House-training/ Litter box training <input type="checkbox"/> Crate training <input type="checkbox"/> Introducing this pet to your home <input type="checkbox"/> Pet- proofing/Preventing furniture scratching <input type="checkbox"/> Introducing this pet to other pets <input type="checkbox"/> Microchips and other ID options <input type="checkbox"/> Moving with pets <input type="checkbox"/> Children and pets <input type="checkbox"/> Indoor/Outdoor pets <input type="checkbox"/> What to expect the first 3 days/3 weeks/3 months	<input type="checkbox"/> Holding and interacting with your pet <input type="checkbox"/> Finding a trainer <input type="checkbox"/> Pulling on leash <input type="checkbox"/> Using a harness for dog walking <input type="checkbox"/> Behavior help for a pet at home	<input type="checkbox"/> Feeding this pet <input type="checkbox"/> Grooming/nail trimming <input type="checkbox"/> Coupon for free veterinarian visit <input type="checkbox"/> Declawing / Cat scratching needs <input type="checkbox"/> Flea/Tick prevention <input type="checkbox"/> Heartworm prevention <input type="checkbox"/> Spay/Neuter aftercare <input type="checkbox"/> Annual care and vaccinations <input type="checkbox"/> Dental Health	<input type="checkbox"/> Welcome Home Kit <input type="checkbox"/> Exercise <input type="checkbox"/> Toys and fun activities <input type="checkbox"/> Appropriate treats <input type="checkbox"/> Items in our retail store <input type="checkbox"/> Ways to keep your pet happy while you are away from the house <input type="checkbox"/> Dog chewing needs

Are there any specific behaviors, not listed above, that you would like more information about?

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Are there any other topics you would like to discuss today?

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----- **SSPCA USE ONLY** -----

**Counselor Comments:** \_\_\_\_\_

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