



DOG ADOPTION PROFILE

In order to adopt, you may be asked:

- if you're at least 18 years old and to present valid photo ID with proof of current address.
- to provide proof of permission to house an animal (e.g. rental agreement, written landlord approval, proof of home ownership).
- if you are able and willing to spend the time and money necessary to provide proper care, training, medical treatment, and a lifelong home for the animal(s).

While we always make every effort to work with you to address concerns or find the most appropriate companion animal, we do reserve the right to refuse an adoption.

PLEASE PRINT

CONTACT INFORMATION

Last Name:		First Name:			
Address:		Unit:	City:	State:	Zip:
Cell:	Alternate Phone:		Email:		
Partner/Alternate Contact Name and Number:					
Have you ever adopted from us before? <input type="checkbox"/> yes <input type="checkbox"/> no			Have you ever used our veterinary hospital before? <input type="checkbox"/> yes <input type="checkbox"/> no		

HOUSEHOLD

How many people in your household?			Ages of children under 18:		
Have you had pets in the last ten years? <input type="checkbox"/> yes <input type="checkbox"/> no					If yes, please list below:
Dog/Cat/Other?	Age	Spayed/Neutered?	Where are they currently?		

I certify that I am at least 18 years of age, I meet the adoption requirements of the San Francisco SPCA, and the information I have given is true. I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a companion animal and I understand that the SF SPCA has the right to deny my application for any reason. I give the SF SPCA permission to view my previous and/or current animal's medical records. I understand that adoption and hold fees are not refundable and that hold fees cannot be applied to the adoption fee.

Signature:	Date:
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STAFF USE ONLY:

<input type="checkbox"/> INF <input type="checkbox"/> PP <input type="checkbox"/> ID <input type="checkbox"/> address <input type="checkbox"/> LL		<input type="checkbox"/> Adoption <input type="checkbox"/> Hold <i>circle</i> : M&G / Day / S/N / Medical <i>expires</i> : _____	
P#:	Location:	Animal name:	A#:

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HELP US TO FIND YOUR PERFECT MATCH:				FOR MATCHMAKER USE:
Activity level in my household is:	Low	Medium	High	
Activity level in my neighborhood is:	Quiet and rural	Somewhat active and suburban	Busy and urban	
On average, my house will be without people _____ hours per day.				
What is your plan for when your dog is home alone?				
What are the qualities you are looking for in your ideal dog?				
Tell me about your previous dog experience.				
Do you want to tell us anything else? Do you have questions or concerns?				

SF SPCA MATCHMAKER USE:		
Dog name/ #:	Shown by:	Date:
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

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