



Staff Notes:

Date:

License #:

Thank you for choosing adoption! Please complete the following questions to help guide our conversation today.

Your Name(s): Mr./Ms. _____

Address: _____ Town, State, ZIP: _____

Email: _____

Phone 1: _____ Phone 2: _____

*Emergency Contact Name: _____ *Emergency Phone: _____

*For adopters wanting a microchip

Do you consent to Pethealth Inc. collecting and using your personal information for the purpose of contacting you with commercial electronic messaging and telephone communications (including contacting you regarding the Gift of Insurance)? Yes No

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

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

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

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

- ☐ We have one or more dog(s)
- ☐ We have one or more cat(s)
- ☐ We have one or more small animal(s)

Other info you want to share?

Please complete the other side

Any deal-breakers?

We'll explain this 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/crate training/litter box training	<input type="checkbox"/> Finding a trainer	<input type="checkbox"/> Basic Care Sheet	<input type="checkbox"/> Exercise
<input type="checkbox"/> Introducing your pet to your home/Pet-proofing/Preventing furniture scratching	<input type="checkbox"/> Leash walking and common issues	<input type="checkbox"/> Feeding this pet	<input type="checkbox"/> Toys and fun activities
<input type="checkbox"/> Introducing this pet to other pets	<input type="checkbox"/> Holding and interacting with your pet	<input type="checkbox"/> Grooming/nail trimming	<input type="checkbox"/> Appropriate treats
<input type="checkbox"/> Microchips and other ID options		<input type="checkbox"/> Finding a veterinarian	<input type="checkbox"/> Items in our retail store that your pet may be using in the shelter
<input type="checkbox"/> Moving with pets		<input type="checkbox"/> Declawing	
<input type="checkbox"/> Children and pets		<input type="checkbox"/> Parasite prevention	
<input type="checkbox"/> Indoor/Outdoor pets		<input type="checkbox"/> FeLV/FIV testing (cats)	
<input type="checkbox"/> What to expect the first 3 days/3 weeks/months/			

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

Other questions:

Extra services and opportunities. Please check any you are interested in:

- ☐ Information about upcoming special events hosted by or for DCHS
- ☐ Information about volunteering or fostering with us
- ☐ Information about supporting us with financial or in-kind donations

Please complete the other side