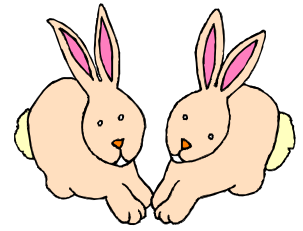




# LONGMONT HUMANE SOCIETY

## PETS AND PEOPLE PROFILE (SMALL MAMMALS AND BIRDS)



*So that we may be assured that the pet you wish to adopt is best suited to you, your home, and your lifestyle and is placed in an environment that is compatible with his/her needs, we ask that you complete this information.*

Guardian Information					
Date	Name	Driver's License #		DOB	
Address			City, State		Zip
Mailing Address			City, State		Zip
Home Phone	Employer	Occupation		Work Phone	
E-mail Address		Type of Dwelling			
		<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Mobile home			
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Landlord's Name and Phone #			

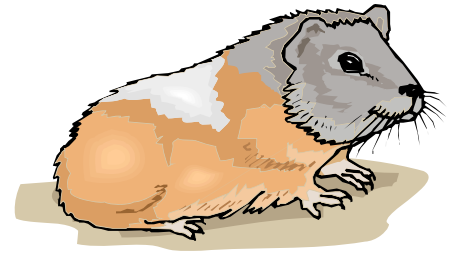
How did you learn about Longmont Humane Society (please be specific)? \_\_\_\_\_

How did you learn about this particular animal (if applicable)? \_\_\_\_\_

Household Information (Please name all current members, giving the ages of all children.)		
Names of Adults	Names of Children	Ages of Children

Current Pets in Household					
Pet's Name	Type/Breed	Male/ Female	Age	Spayed/Neutered (yes/no)	Time lived in home

What type of animals have you lived with as an adult?  Dogs  Cats  
 Bird  Rabbits  Reptiles  Small Mammals  Ferrets  Livestock  
 Other \_\_\_\_\_



If you currently have a pet, who is your veterinarian? \_\_\_\_\_

I want to adopt a pet at this time because \_\_\_\_\_

Have you ever adopted from a shelter?  Yes  No What kind of pet?  Dog  Cat  Other

Have you ever given a pet to a shelter?  Yes  No What kind of pet?  Dog  Cat  Other

Which of these have you experienced with a pet:  Lost  Stolen  Ran away  Other \_\_\_\_\_

Have you ever moved with pets?  Yes  No

Would you expect to take the pet with you if you move again?  Yes  No  Depends

Have you had a pet die on your premises in the last 3 months of a contagious disease?  Yes  No

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What type of pet do you want to adopt?  Rabbit  Guinea Pig  Bird  Hamster  
 Rat  Mouse  Gerbil Other: \_\_\_\_\_

If bird, what kind? \_\_\_\_\_

Who will be the animal's primary caretaker? \_\_\_\_\_

How will your pet be cared for while you are away from home for an extended period of time?  
\_\_\_\_\_

Under what circumstances can you envision giving up a pet?

Moving, unable to take  Allergies  Animal not adjusting  Unacceptable behavior  
 Medical problems  Never  Other \_\_\_\_\_

How do you plan to house your pet? \_\_\_\_\_  
\_\_\_\_\_

Where will the cage be located? \_\_\_\_\_

What are the cage dimensions? Width \_\_\_\_\_ Weight \_\_\_\_\_ Depth \_\_\_\_\_



What kind of information would be helpful to you and your pet?					
<input type="checkbox"/> Basic Care & Housing	<input type="checkbox"/> Children & your Pet	<input type="checkbox"/> Vets	<input type="checkbox"/> Feeding & Nutrition	<input type="checkbox"/> Toys	<input type="checkbox"/> Harnesses & Litter Box Training (Rabbits only)
Other: _____					

I understand that creating the proper environment for my new pet could require an initial investment and that dietary needs include fresh fruits and vegetables daily. \_\_\_\_\_ (initial here)

I certify that the above information is true and I understand that false information may result in the nullification of this adoption. Longmont Humane Society reserves the right to refuse an adoption. This completed form is the property of the Longmont Humane Society and is not to be removed from the premises.

Signature \_\_\_\_\_



# Staff Notes

Reviewed: Date: \_\_\_\_\_ Staff Name: \_\_\_\_\_ Flag checked?

Animal Name: \_\_\_\_\_ Number \_\_\_\_\_ Breed/Sex \_\_\_\_\_

Hold:  1<sup>st</sup>  2<sup>nd</sup> From: \_\_\_\_\_ To \_\_\_\_\_ Time: \_\_\_\_\_

Reason for Hold:  1<sup>st</sup> Hold  LLA  Verify Address  Need ID  Family Meet  
 Roommate Meet  Dog Meet  Blood/Health Tests  S/N  Other \_\_\_\_\_

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Reviewed: Date: \_\_\_\_\_ Staff Name: \_\_\_\_\_ Flag checked?

Animal Name: \_\_\_\_\_ Number \_\_\_\_\_ Breed/Sex \_\_\_\_\_

Hold:  1<sup>st</sup>  2<sup>nd</sup> From: \_\_\_\_\_ To \_\_\_\_\_ Time: \_\_\_\_\_

Reason for Hold:  1<sup>st</sup> Hold  LLA  Verify Address  Need ID  Family Meet  
 Roommate Meet  Dog Meet  Blood/Health Tests  S/N  Other \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Adoption Return:  Exchange OK Date: \_\_\_\_\_

Reason for Return: \_\_\_\_\_  
\_\_\_\_\_

Denied Date: \_\_\_\_\_ Staff Name: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_