



# Placer SPCA Match Maker and Companion Request Form

## Critter Adoption

To better help us serve you, please provide the following information:

Name	Date
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Welcome to the Placer SPCA. As always we are happy to answer any questions you may have. Bringing a new pet into your family is an important step, and we encourage you to come back several times before you make a decision. The following questionnaire will help in determining which pet is the best match for you.

### You and Your Household

*Check all that apply*

<b>Your Living Place:</b> <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____	<b>Who Owns Your Home?</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/ Parents	<b>Home Lifestyle:</b> <input type="checkbox"/> Very Active <input type="checkbox"/> Some Activity <input type="checkbox"/> Rather Quiet	<b>Pet Experience:</b> <input type="checkbox"/> First time pet owner <input type="checkbox"/> Have had one or two <input type="checkbox"/> Have had many (Describe experience on reverse)
<b>Children and Your Home:</b> <input type="checkbox"/> I have children; ages _____ <input type="checkbox"/> I do not have children <input type="checkbox"/> Children visit my home; ages _____ <input type="checkbox"/> No children visit my home	<b>Reason for Adopting:</b> <input type="checkbox"/> Family companion <input type="checkbox"/> For my children <input type="checkbox"/> Gift for someone <input type="checkbox"/> Companion pet <input type="checkbox"/> Other _____	<b>Hours the Pet would be alone?</b> <input type="checkbox"/> 8-9 hours <input type="checkbox"/> More than 9 <input type="checkbox"/> Less than 8 <input type="checkbox"/> Rarely	

### Hopes & Expectations

*Check all that apply*

<b>Type/Breed:</b> <input type="checkbox"/> Rabbit _____ <input type="checkbox"/> Guinea Pig <input type="checkbox"/> Reptile _____ <input type="checkbox"/> Rat <input type="checkbox"/> Bird _____	<b>Age:</b> <input type="checkbox"/> baby <input type="checkbox"/> juvenile <input type="checkbox"/> young adult <input type="checkbox"/> adult <input type="checkbox"/> Senior or Special Needs _____ <input type="checkbox"/> No Preference	<b>Desired Characteristics:</b> <input type="checkbox"/> Very Active <input type="checkbox"/> Well mannered <input type="checkbox"/> Active <input type="checkbox"/> Calm <input type="checkbox"/> Affectionate <input type="checkbox"/> Outgoing <input type="checkbox"/> Independent <input type="checkbox"/> Confident <input type="checkbox"/> Dependent <input type="checkbox"/> Reserved <input type="checkbox"/> Declawed <input type="checkbox"/> Sensitive <input type="checkbox"/> Friendly _____ <input type="checkbox"/> Playful _____
<b>Size of Pet</b> <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	<b>Ideally My Pet Will Live (describe shelter):</b> <input type="checkbox"/> Outside only _____ <input type="checkbox"/> Inside only _____ <input type="checkbox"/> Outside during the day, inside house at night <input type="checkbox"/> Outdoor and garage only <input type="checkbox"/> Inside/Outside at will <input type="checkbox"/> Other _____	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference
<b>Coat (if applicable):</b> <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> No Preference	<b>Is Anyone In Household Allergic to this type of pet?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Animals Currently living with you:**

<b>Name</b>	<b>Breed</b>	<b>Age</b>	<b>Male/Female</b>	<b>Altered?</b>	<b>This pet is kept:</b>
					<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both
					<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both
					<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both

**Animals NO LONGER living with you:**

<b>Name</b>	<b>Breed</b>	<b>Age</b>	<b>Male/Female</b>	<b>This pet is now?</b>	<b>This pet was kept:</b>
				<input type="checkbox"/> Deceased <input type="checkbox"/> Lost <input type="checkbox"/> Found a new home	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both
				<input type="checkbox"/> Deceased <input type="checkbox"/> Lost <input type="checkbox"/> Found a new home	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both

**Use the space below for further details or descriptions on the ideal animal for you and your family. The more information we have, the better chance we have of finding you a new companion.**

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I found a pet I want to adopt

I would like assistance in selecting a pet

Adopter Address	City/State/Zip	Driver License/ID Number/Expiration Date
Adopter Home Phone	Work Phone	Cell Phone
Is Adopter age 18 years or older?	E-Mail Address:	
Optional Question:	Are you 55 years of age or older? Yes ___ No ___ (If YES you may be eligible for our Special Pals Program)	Please ask one of our staff if you are interested in more information.

**◆◆◆◆FOR OFFICE USE ONLY◆◆◆◆**

<b>Description of Adopted Animal:</b>			<b>Animal Code Number</b> _____	<b>Name</b> _____
<b>Type</b> _____	<b>Breed</b> _____	<b>Sex</b> _____	<b>Color</b> _____	<b>Age</b> _____
<b>COMPANION REQUEST PHONE CALLS MADE</b>				
<b>DATE</b>	<b>ANIMAL CODE AND BREED</b>	<b>COMMENTS</b>		