# Companion Request Form

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ Driver's License: _____

Emergency Contact (First & Last Name & Phone): _____

Are you 18 years or older? ☐ Yes ☐ No

Are you 55 years or older? ☐ Yes ☐ No

*(If so, you may qualify for our Special PALS Program)*

*Your answers to the following questions will help us match the best pet for you.*

Where do you live? ☐ House ☐ Condo ☐ Apartment ☐ Own ☐ Rent ☐ Other _____

Reason for adopting a pet: _____

What type of yard do you have, if any (including type of fencing)? _____

Do you have children living in or that visit the home? ☐ Yes ☐ No If yes, please explain: _____

Do any household members have pet related allergies? ☐ Yes ☐ No If yes, please explain: _____

Which best describes your lifestyle? ☐ Very Active ☐ Some Activity ☐ Structured/Routine ☐ Rather Calm/ Quiet

On average, how many hours per day will your pet be home alone? _____

Will this be your first time owning a pet? ☐ Yes ☐ No (If no, please complete the following)

## Animals CURRENTLY living with you:

| Pet's Name | Breed | Age | Sex | Altered? | This pet is kept: |
|---|---|---|---|---|---|
| | | | ☐ M ☐ F | ☐ Yes ☐ No | ☐ Indoors ☐ Outdoors ☐ Both |
| | | | ☐ M ☐ F | ☐ Yes ☐ No | ☐ Indoors ☐ Outdoors ☐ Both |
| | | | ☐ M ☐ F | ☐ Yes ☐ No | ☐ Indoors ☐ Outdoors ☐ Both |

## Animals NO LONGER living with you:

| Pet's Name | Breed | Age | This pet is now: | This pet was kept: |
|---|---|---|---|---|
| | | | ☐ Deceased ☐ Lost ☐ Rehomed | ☐ Indoors ☐ Outdoors ☐ Both |
| | | | ☐ Deceased ☐ Lost ☐ Rehomed | ☐ Indoors ☐ Outdoors ☐ Both |

**OFFICE USE ONLY** ☐ VCA ☐ SD

**P#:** _____ **Counselor:** _____ **Time in:** _____ **Time out:** _____

Please retain this form each time you return to the shelter as you are searching for the right pet for you.
Otherwise, you will be required to complete a new one each visit. Thank you.