



PETS AND PEOPLE PROFILE



| | |
|-----------|-------|
| A# | _____ |
| P# | _____ |
| Counselor | _____ |
| Date | _____ |

OTHER

Name _____
 Address _____
 City _____ State _____ Zip _____

Phone (Primary) _____
 Phone (Alternate) _____
 Email _____

Check here to be excluded from BAS email list.

Would you like to hear about our Senior for Senior program?
 Are you a veteran or active duty service member?

Yes No
 Yes No

Type of Housing

Do you: Own Rent Parent's Own Parent's Rent
 Do you live in a: House Apartment Condo Mobile Home
 Do you live: Alone With Partner With Roommate(s) With Parent(s)
 How would you describe your living environment? Calm & Quiet Not too hectic Very Busy

If you rent, may we contact your landlord?

Yes No

Landlord Name _____

Phone _____

Names of **Adults** in household:

Names and ages of **Children** in household:

Describe all **current** pets:

| Type of Pet | Age | Sex | Spayed/Neutered | Kept in/out? | How long have you owned? |
|-------------|-----|-----|-----------------|--------------|--------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Describe any **other** pets owned within the last five years:

| Type of Pet | Age | Sex | Spayed/Neutered | Kept in/out? | What happened to pet? |
|-------------|-----|-----|-----------------|--------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Have you ever owned the type of pet you wish to adopt? Yes No

Where will the animal be kept? _____

Please describe the type of housing/enclosure the animal will have:

My signature below confirms that all of the above information is current, correct and complete to the best of my knowledge. I acknowledge that I am fully aware that any false or incomplete information is proper grounds for the denial of this adoption.

Signature _____

Date _____