



PETS AND PEOPLE PROFILE



A#	_____
P#	_____
Counselor	_____
Date	_____
<i>For office use only</i>	

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

Which animal(s) are you interested in adopting?

A# _____ A# _____

Type of Housing

Do you:

☐ Own

☐ Rent

☐ Parent's Own

☐ Parent's Rent

Do you live in

☐ House

☐ Apartment

☐ Condo

☐ Mobile

a: Do you live:

☐ Alone

☐ With Partner

☐ With

☐ Home With

How would you describe your living environment?

☐ Calm & Quiet

☐ Not too

☐ Roommate(s)

☐ Parent(s)

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 _____