



3450 North Kelvin Boulevard  
 Tucson, Arizona 85716  
 520-327-6088  
 www.hssaz.org

# ADOPTION PROFILE

The HSSA treats adopter information as confidential. We will not disclose your information to third parties without your prior written consent, except as required by law.

I am interested in adopting a:  Dog  Cat  Small Animal (Rabbit, Guinea Pig, Rat, Fowl, etc)

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Photo ID: \_\_\_\_\_ Exp: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**RESIDENTIAL STATUS:**

Own  Rent Name of property and/or Landlord: \_\_\_\_\_ Pets Allowed/Restrictions: \_\_\_\_\_  
 No Yard  Yard Securely Fenced N Y Type/Height: \_\_\_\_\_ Pet approval verified with Landlord? Y N

**HOUSEHOLD INFORMATION:**

Household members (how many): Adults: \_\_\_\_\_ Children/Grandchildren: \_\_\_\_\_ Ages of Children/Grandchildren: \_\_\_\_\_  
 Current Pets (Breed, Sex, Age): \_\_\_\_\_

Will your new pet be kept:  Primarily Indoor  Primarily Outdoor  Inside/Outside explain: \_\_\_\_\_  
 Indoor Only  Outdoor Only

Are you willing to:  Crate Train  Work w/ Litter Box Issues  Seek Professional Obedience/Behavioral Training  
 Housetrain  Correct Destructive Behaviors (Chewing, scratching, digging, etc.)  
 Handle Medical Issues (ie. Valley Fever, Tick Fever, Felv/FIV, Chronic Respiratory Illness, etc.)

What are your Deal Breakers?: \_\_\_\_\_

Characteristics you are looking for in your new pet:

Y N Energetic/Playful Y N Laid Back/The Quiet Type/Low Activity Y N Talkative/Vocal Y N Constant Companion  
Y N Low Maintenance Y N Fairly Independent Y N Active - Hiking/Jogging Partner Y N Very Social/Loves Everybody

My New Pet Must Get Along With:  Cats  Dogs  Children (0-8)  Children (8-15)  Small Animals  Barnyard Animals

Your support helps us care for more animals in need. Would you like to make a donation today?  
 Yes, I'd like to contribute:  \$5  \$10  \$15  \$20  \$50  Other \$ \_\_\_\_\_

HSSA cannot guarantee the health of the animal that you are adopting and that additional medical care, at your expense, may be necessary.  
 \_\_\_\_\_ (initial)

By signing below, I understand and acknowledge, that I am aware that contact with dogs, cats, and other companion animals pose a risk to people and to other animals. Such risks include, but are not limited to the following: The animals may bite, trip or knock down people, the animal may fight with other animals, and the animal may have a disease condition that may be transmitted to people or pets. I certify that all the information in this application is true. I understand that false information may void this application. I also understand that failure to comply with the completed Adoption Contract could result in my inability to adopt other animals from The Humane Society of Southern Arizona.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Staff Use Only:**

Physical Address match Mailing Address? Y N    Adopter verified in database? Y N    Ok to Adopt? Y N

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Photo ID matches Information provided? Y N Explain: \_\_\_\_\_

I have reviewed these topics (amount of time to vary, depending on adopter's experience):

<input type="checkbox"/> Time Commitment ( <i>incl. exercise, training</i> )	<input type="checkbox"/> Financial Commitment
<input type="checkbox"/> Escaping/Prevention	<input type="checkbox"/> Introducing Pet to Children living/visiting in the household
<input type="checkbox"/> Houstraining/Litter box training	<input type="checkbox"/> Professional Obedience/Behavioral Training
<input type="checkbox"/> Vaccinations and Routine Veterinary Care	<input type="checkbox"/> Separation Anxiety/Solutions
<input type="checkbox"/> Outdoor Pet - socialization/extreme weather/typical behaviors	<input type="checkbox"/> Scratching/Jumping/Destructive Behaviors
<input type="checkbox"/> Behavior of pet in shelter vs. in home	<input type="checkbox"/> Surrendering back to HSSA/Rehoming
<input type="checkbox"/> Lifetime Commitment	<input type="checkbox"/> Introducing pet to other animals in the household
<input type="checkbox"/> FeLV/FIV testing for cats (re-testing in/at 6 months)	<input type="checkbox"/> Free Vet Visit

**ITEMS TO RECOMMEND**

<b>CATS:</b>		<b>DOGS:</b>	
<input type="checkbox"/> Litter Box	<input type="checkbox"/> Collar	<input type="checkbox"/> Crate	<input type="checkbox"/> Puppy pads
<input type="checkbox"/> Litter Scoop	<input type="checkbox"/> Nail Clippers	<input type="checkbox"/> Collar/Leash	<input type="checkbox"/> Treats
<input type="checkbox"/> Litter	<input type="checkbox"/> Scratching Post/Toys	<input type="checkbox"/> Anti Pull Harness	<input type="checkbox"/> Food
<input type="checkbox"/> Food	<input type="checkbox"/> Treats	<input type="checkbox"/> Play toys	<input type="checkbox"/> Chew toys
<input type="checkbox"/> Toys	<input type="checkbox"/> Interactive Toys	<input type="checkbox"/> Shampoo	

Was child - dog/cat intro done? Y N

Place On Hold: Y N Control # \_\_\_\_\_

Was dog-dog intro done? Y N

4 hour (free)     4-24 hour (\$20 due at time of hold)

Notes: \_\_\_\_\_

Date/Time Hold **EXPIRES:** \_\_\_\_\_

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Was child - dog/cat intro done? Y N

Place On Hold: Y N Control # \_\_\_\_\_

Was dog-dog intro done? Y N

4 hour (free)     4-24 hour (\$20 due at time of hold)

Notes: \_\_\_\_\_

Date/Time Hold **EXPIRES:** \_\_\_\_\_

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Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_