Pets & People Profile

Kennel #	Application Date:/ Adoption Date:/					
Dog Name:			Counselor:			
The information you provid	Thank you for le will help us h		•	_		d your family.
Name:			1	Date Of	Birth//	
Address 1:						
Address 2:				State:	Zip:	
Home Phone:		Work Phone				
Email:						
May we call you at work to notify you of potential adoptable dogs? ☐ Yes ☐ No						
Names of others in household (include ages of children):						
Pet Allergies?:						
Time at Current Address:		J Ow	n 🛮 Re	nt 🗖 I	Live with parents	☐ Military
Housing type:	ondo 🗖 Apar	tmei	nt 🗆 M	obile h	ome	
Landlord Name: Landlord Phone:						
Current veterinarian:				City:_		

Current Pets							
Type: Sex: Sex: Sex: Sex: Sex: Yes Kept: ☐ Inside ☐ Outside How long have you owned pet?: Type:	Breed: Age: Spayed/Ne Kept: □ In How long h pet?: Type:	Sex: eutered:	Type: Breed: Age: Sex: Spayed/Neutered: □ Yes □ No Kept: □ Inside □ Outside How long have you owned this pet?: Type:				
Breed: Sex: Sex: Spayed/Neutered: ☐ Yes Kept: ☐ Inside ☐ Outside How long have you owned pet?:	Age: No Spayed/Ne Kept:□ In this How long h	Sex: Sutered: Yes No side Outside have you owned this	Breed: Sex: Spayed/Neutered: ☐ Yes ☐ No Kept: ☐ Inside ☐ Outside How long have you owned this pet?:				
Pet History							
Breed:		Sex: Sutered: Yes No nside Outside did you own this pet?:	Type: Breed: Age: Sex: Spayed/Neutered: □ Yes □ No Kept: □ Inside □ Outside How long did you own this pet?:				
You & Your Household							
Dog Experience: ☐ First Time Owner ☐ Have had one or two	Time Away: ☐ Home all day ☐ Out part-time	Our Dog Will Live Indoors only Indoors/Outdo	Grand Central Station				
☐ Knowledgeable & Experienced	_	daily Outdoors only	☐ Zen-garden serene				

Dog Adoption Application	The Broome County Bog Shere	01 1/1/1
	Your Ideal Dog	
Breed/Mix		
Adult Size:	Coat:	Ago
O-20 lbs. Small	Short	Age
20-50 lbs. Medium	☐ Medium	_
l		4-12 months
50-100 lbs. Large	Long	1-3 years
Over 100 lbs. Giant	☐ No Preference	Older
		☐ No preference
Training	Activity Level	Sex
None	☐ Low	☐ Male
☐ Housebroken	☐ Medium	☐ Female
☐ Some obedience training	☐ High	☐ No preference
☐ Fully trained		
-		
	Please Describe Your Ideal Do	og

Staff Comments	Date Called	Animal's Name
Guideline Exceptions		
Date Counselor Initials Approved	Denied/Priors Made	
Pending Landlord Approval (date) Received (date)	Applicant Informed	
Pending Parent Approval (date) Received (date)	Check Impound File	