



# Welcome to the Athens Area Humane Society!

We are excited you have come to our shelter to adopt your new best friend. Please fill out this form so that we may help you find your purr-fect match. If you need any assistance or have any questions, please ask an adoption counselor.

Name of Animal(s) you are interested in adopting \_\_\_\_\_

Date \_\_\_\_\_

## Getting to know you...

Name \_\_\_\_\_ Employer \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternative Phone:  mobile  work \_\_\_\_\_ E-Mail Address \_\_\_\_\_

How long have you lived at this address?  < 6 mos.  2 - 5 years  6 mos. - 2 years  5+ years

Do you plan on moving within the next year?  Yes  No

Do you live in a:  house  apartment  condo  mobile

Do you:  own  rent  live with parents

Are you at least 18 years old?  Yes  No

We at AAHS want to ensure that your new pet will be welcome and secure in his or her new home - moving and landlord issues are two of the top five reasons cats are relinquished to shelters. Therefore, the landlord of the home in which you and the pet will reside must give permission for your new pet to move in.

If you own your home:  
Would you be willing to provide some form of home ownership verification?  Yes  No

If do not own your home:  
Have you discussed adopting a pet with your landlord / parents?  
 Yes  No  Plan to after choosing a pet.

Does your landlord require any pet deposit / fee / rent?  
 Yes - not yet paid  Yes - already paid  No  Unsure

Your landlord's / parents' name(s): \_\_\_\_\_

Phone: \_\_\_\_\_  
 My adoption counselor may contact my landlord / parents by phone.  
 I prefer to provide a copy of my lease / pet agreement.

## Your Perfect Small Pet Match...

### Small Pet Experience

- First Time Owner
  - Had one or two
  - Knowledgeable & Experienced
- Is someone in the home nervous or unsure of small animals?
- Very
  - Moderately
  - N/A

### Time Away from Home

*Check all that apply.*

- Home all day
- Out part-time
- Away 7-10 hours daily
- Away for weekends
- Frequent short trips

### Pet Habitat

Do you prefer a pet that will enjoy (check all that apply):

- Living indoors, free-roaming
- Living indoors, in a cage
- Roaming inside while you're with him/her
- Being outside while you're with him/her
- Coming and going independently
- Living outdoors, in a hutch
- Living in the barn or garage

### Would you enjoy brushing or grooming your pet:

- Rarely
- Occasionally
- Weekly
- Daily

### Home Atmosphere

- Grand Central Station
- Some activity
- Zen-Garden serene

Please describe the temperament and characteristics you're looking for in a small pet. *Check all that apply.*

- likes to be held
- good with children
- easy to clean / low maintenance
- won't chew things
- independent
- fun to watch
- quiet

Classroom Pet  
Please ask your adoption counselor for the Classroom Pet supplement.

### Preferred lifespan:

- 1-2 years  5-8 years
- 2-5 years  8-10 years

Behaviors or bad habits that you just can't tolerate are: \_\_\_\_\_

Please tell us anything else you would like us to know about you or the pet you are looking for. \_\_\_\_\_

## Your Pets

Please tell us about the pets you have now or have had in the **past five years**. If you need more space, ask your adoption counselor.

PET NAME & TYPE	AGE	SEX & STERILIZATION	ANIMAL STAYS <i>CHECK ALL THAT APPLY.</i>	DO YOU STILL HAVE THIS PET?
_____ Pet's Name <input type="checkbox"/> Cat <input type="checkbox"/> Dog: _____ <small>Breed or size</small> <input type="checkbox"/> Other: _____	<input type="checkbox"/> < 6 mos <input type="checkbox"/> 6 mos - 2 yrs <input type="checkbox"/> 2 - 7 yrs <input type="checkbox"/> 7 + yrs	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed / Neutered	<input type="checkbox"/> Indoors <input type="checkbox"/> Outside with supervision or fence <input type="checkbox"/> Comes and goes independently <input type="checkbox"/> Outdoors <input type="checkbox"/> Barn or garage	<input type="checkbox"/> Yes <input type="checkbox"/> No: <input type="checkbox"/> Deceased <input type="checkbox"/> Ran away <input type="checkbox"/> Re-homed
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Have you ever taken an animal to a shelter?  No  Yes; circumstances: \_\_\_\_\_

What is the name of your pets' current Veterinarian or Vet Clinic?

Second most recent Vet Clinic who can tell us about you as a potential pet owner:

Are your pets current on their vaccinations?

Name \_\_\_\_\_  
 City, State \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 City, State \_\_\_\_\_ Phone \_\_\_\_\_

Yes  
 No  
 Unsure

## Your Household

Number of adults living in the household: \_\_\_\_\_

Have all adults agreed to adding a new small pet to the household?

Yes  
 No  
 Plan to discuss.

Does anyone in the household have known allergies to any animals?

Yes; plans for coping with new pet: \_\_\_\_\_  
 No known allergies

Ages of children living in household or visiting frequently: \_\_\_\_\_

## Other Questions

Please check the items you would like your adoption counselor to discuss with you in detail.

### Health

- Vaccinations
- Yearly Vet Care
- Spay / Neuter
- Common Medical Problems
- Choosing a Veterinarian

### Behavior

- Chewing
- Leash Training
- Spraying
- Sleep / Activity Patterns
- Toys & Enrichment

### Care

- Feeding & Diet
- Litter Training
- Grooming / Hairballs
- Cage Cleaning
- Microchip Identification

### Other

- Handling
- Adjustment to New Home
- Introduction to Other Pets
- Small Pets & Kids
- Other: \_\_\_\_\_

By signing below, I certify that the information I have given is true. I authorize AAHS to investigate all statements in this application, as it deems necessary, including veterinary records. I would be willing to have an AAHS representative come to my home to check on my adopted animal's well-being. Further, I understand that this application is the property of AAHS, that AAHS has the right to accept or deny applications as it deems appropriate.

Signature \_\_\_\_\_

Date \_\_\_\_\_