



Person ID: _____ Animal ID: _____

Microchip: _____

Animal Type: Dog ☐ Cat ☐ Other ☐

Date: _____

Time handed in: _____

Pager number: _____

ID provided: Yes ☐ No ☐

ID number: _____

Staff initial _____

Pre-Adoption Form

Just a few questions before you start the adoption process:

Have you adopted from us before? Yes ☐ No ☐

Are all members of the household present? Yes ☐ No ☐

Are there any children in the home? Yes ☐ No ☐ If yes, what are their ages? _____

Do you have other pets at home? Yes ☐ No ☐ If yes, please specify: _____

Owner:

Mr. ☐ Mrs. ☐ Ms ☐ Miss ☐

First Name: _____ Middle Initial: _____ Last Name: _____ Year of birth: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address (REQUIRED) _____

Co-owner:

Mr. ☐ Mrs. ☐ Ms ☐ Miss ☐

First Name: _____ Middle Initial: _____ Last Name: _____ Year of birth: _____

OFFICE USE ONLY

Adoption Counselor: _____

COE License wanted? Yes ☐ No ☐ N/A ☐

Adoption CSR: _____

Vet Clinic: _____

Placement Accepted: Yes ☐ No ☐ Supervisor/Manager Approval: _____ Time: _____

Microchip Tag #: _____ Pet Plan Insurance Activated ☐ Emailed Medical History ☐

COE Entered in General Notes Yes ☐ N/A ☐ One year of pet insurance with Pet Plan? Yes ☐ Maybe ☐ No ☐

Strathcona License Provided Yes ☐ N/A ☐ License #: _____

SB Receipt #: _____ SB Amount \$: _____

POS Receipt #: _____ POS Amount \$: _____ Time: _____

Adoption in Progress

Animal's Name: _____ Animal ID: _____

In progress until: _____

Reason: _____

Authorized by Supervisor/Manager: _____