



# Dog Adopter Profile

P# \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse/Partner Name: \_\_\_\_\_  
 Home Address: (Street): \_\_\_\_\_ Apt.# \_\_\_\_\_  
 (City): \_\_\_\_\_ (Borough): \_\_\_\_\_ (State): \_\_\_\_\_ (Zip): \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Alternate contact (for microchip) Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Are you a military veteran?  Yes  No

Do you: Rent / Own / Live with relative Do you plan to move soon? If so, how soon? \_\_\_\_\_ months.  
 If you RENT, have you checked with your landlord about pet restrictions or know what the size and breed restrictions are for your rental property? Yes / No  
 Number of adults in home? \_\_\_\_\_ Number of children in home? \_\_\_\_\_ Ages? \_\_\_\_\_  
 Do you have frequent visitors with children? Yes / No Do you have frequent visitors with other dogs? Yes / No  
 Have you ever surrendered or returned an animal before? Yes / No Reason:  
 \_\_\_\_\_

Are you a first-time pet owner? Yes / No

If NO, please tell us about your current and past pets:

Dog / Cat	Age	Breed	M / F?	Spayed or neutered?	How long owned?	Do you still own?	If no, why?
				Y / N			
				Y / N			
				Y / N			
				Y / N			

What type of energy level and personality are you looking for in a new dog? (check all that apply)

\_\_\_ Cuddly \_\_\_ Independent \_\_\_ Couch potato \_\_\_ Very active \_\_\_ Shy \_\_\_ Outgoing



**What types of people and other animals must your new dog get along with in order to do well in your home? (check all that apply)**

Infants/Toddlers       Children       Strangers/Frequent Visitors       Senior Citizens  
 Other Dogs       Cats       Small Animals       Livestock       Everyone!

**Are you comfortable and willing to do some training with your new dog?**

Basic obedience (including potty training, leash walking):       Yes       No       Maybe

Training for behavior issues (such as fear, anxiety, reactivity):       Yes       No       Maybe

**We'll explain your new dog's medical history and behavioral history, and helping your new dog adjust to its new home. Check any/all additional topics you would like to discuss about your new pet and adopting.**

(check all that apply)

<input type="checkbox"/>	Basics for new dog owners
<input type="checkbox"/>	Fearful behavior
<input type="checkbox"/>	Children and Dogs
<input type="checkbox"/>	Clicker Training
<input type="checkbox"/>	Counter Surfing
<input type="checkbox"/>	House Training & crate training
<input type="checkbox"/>	Chewing/destructive behavior
<input type="checkbox"/>	Digging
<input type="checkbox"/>	Marking
<input type="checkbox"/>	Leash walking

<input type="checkbox"/>	Dog-Dog introductions
<input type="checkbox"/>	Dog-Cat introductions
<input type="checkbox"/>	Escape behavior
<input type="checkbox"/>	Barking
<input type="checkbox"/>	Socializing shy/nervous dogs
<input type="checkbox"/>	Guarding behavior
<input type="checkbox"/>	Separation anxiety
<input type="checkbox"/>	Rough play/play biting
<input type="checkbox"/>	Reactive behavior
<input type="checkbox"/>	Puppy socialization

I certify that the above information is true. I understand that this application remains the property of Berks ARL.

Signature \_\_\_\_\_ Driver's License: \_\_\_\_\_

Thank you for choosing to adopt from the Animal Rescue League of Berks County (Berks ARL)! Berks ARL cannot guarantee the health status or behavior of the shelter pets you meet during the adoption process. By completing this application and participating in an adoption counsel, you agree to indemnify and hold harmless Berks ARL and its representatives from liability and claim for any damages because of bodily injury, injury to your pet, sickness, or disease resulting from interactions with shelter pets during the adoption process.

**Internal Use Only:**

Approved for ID# _____	Name _____	Counselor Notes:
<input type="checkbox"/> Yes <input type="checkbox"/> Yes, pending Meet and Greet <input type="checkbox"/> Yes, pending surgery <input type="checkbox"/> No		
Meds to go home? <b>Yes / No</b>		
Counselor _____		