



Dog Adopter Profile

P# _____

Date: _____ First Name: _____ Last Name: _____

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? Yes / No		
Counselor _____		