

1952



Small Animal 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: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Alternate Contact (Someone else we can contact in your place):

Full Name: _____ Primary Phone Number: (____) _____

Are you a military veteran? · 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 visits with other animals to your home? Yes / No

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

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

Type of Animal	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			
				Y / N			
				Y / N			

What type of animal are you interested in adopting? (circle all that apply)

Guinea Pig Hamster Rabbit Rat/Mice Bird Reptile Other _____



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 pet owners
<input type="checkbox"/>	Socializing shy/nervous pets
<input type="checkbox"/>	Diet
<input type="checkbox"/>	Children and pets
<input type="checkbox"/>	Litter box training
<input type="checkbox"/>	Obesity
<input type="checkbox"/>	(Other):
<input type="checkbox"/>	

<input type="checkbox"/>	Animal-to-animal introductions
<input type="checkbox"/>	Enrichment and toys
<input type="checkbox"/>	Enclosures and habitats
<input type="checkbox"/>	Vocalization
<input type="checkbox"/>	Bathing your pet
<input type="checkbox"/>	Nail trimming
<input type="checkbox"/>	
<input type="checkbox"/>	

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 surgery <input type="checkbox"/> No		
Meds to go home? Yes / No		
Counselor _____		