



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: _____

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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 Name: _____ Animal ID: _____
 In progress until: _____
 Reason: _____

 Authorized by Supervisor/Manager: _____