



Potential Candidates (Max of 3):
 _____,
 _____,

Dog Cat Critter Person ID: _____
 *For office use only Date: _____

Applicant Information:

Primary owner: _____ Secondary owner: _____
 Email: _____ Physical address: _____
 Phone: _____
 Preferred pronouns (optional): _____ Is mailing address the same as physical address?
 Yes No
 No. of adults over 18: _____ Adult ages: _____ No. of children: _____ Children ages: _____

Tell us about your current pets:

Name	Breed	Age	Gender	Spayed/Neutered	Years Owned
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you rent, it is recommended to check your lease before adopting.

Some landlords, insurance providers, and management companies have size or breed restrictions, limits on the number of pets, and/or require pet deposits or additional fees.

*Please note, we do not do pet meet and greets prior to adoption.
 Leave all resident pets at home.*

I certify that this information is true and understand that the Humane Society for Tacoma & Pierce County has the right to refuse an adoption if we feel that it is not in the best interest of the animal.

Signature and consent (over 18 years old) X _____



Dog Matchmaker Questionnaire:

I prefer a dog that is:

- Calm and easy going
- Medium energy level
- Energetic and playful

I am open to a dog with special needs:

(for behavior reasons)

- Yes No Maybe

(for medical reasons)

- Yes No Maybe

I am comfortable with training dogs to resolve or manage challenging behaviors such as:

- | | |
|--|---|
| <input type="checkbox"/> Reactivity to other dogs | <input type="checkbox"/> Reactivity to people |
| <input type="checkbox"/> Escape tendencies | <input type="checkbox"/> Separation anxiety |
| <input type="checkbox"/> Jumpy or mouthy | <input type="checkbox"/> Destructive tendencies |
| <input type="checkbox"/> Potty training | <input type="checkbox"/> Excessive vocalization |
| <input type="checkbox"/> Fear-based bite history with humans | <input type="checkbox"/> History of altercations with other animals |

I have no experience in training or managing challenging behaviors.

Where will this dog spend most of their time? Inside Outside Inside and outside

What dog breed have you had experience with? _____

Cat Matchmaker Questionnaire:

I am open to a cat with special needs: Yes No Maybe

(for behavior or medical reasons)

What behaviors would you be uncomfortable with? _____

I plan for my cat to live: Indoors only Indoors and outdoors Outdoors only

Do you plan to declaw your new cat? Yes No If Yes, explain why: _____

Critter Matchmaker Questionnaire:

I am open to a critter with special needs: Yes No Maybe

(for behavior or medical reasons)

Have you ever owned the type of animal you are interested in? Yes No

Who will be the primary caregiver for this animal? Myself Children Other

Are you familiar with this animal's daily care and needs? Yes No

Do you already have an enclosure set up? Yes No

If yes, please describe: _____
