

AABCI		C Adoption ication		
Animal Nam	e:			
Description:				
Interviewer Checklist				

Lake	and Charlette	<u>.</u>			
Inte	erviewer Checklis	τ			
	Review - Medical				
	Review - Behaviora				
	Interaction with the				
	Introduction to current pets				
	Litterbox use Diet				
\exists	-				
	Collar & Tag				
	Collar & Tag				
	Microchipping Pet Insurance				
	Pet ilisurance				
	Relevant Handouts				
	MHS Helplines				
	Adoption Fee				
	Adoption Guarantee -				
	full refund wit	hin 31 days.			
Comments	:				
Interviewer:					
	: approve	decline			
Recommendation					
Recommendation Counselor:					
	Decline	Pending			

Adopter: Please fill out the form below

Name:					
Address:					
City:			State:	Zip:	
Home Phone:			Work Phone:		
Cell Phone:			Date of Birth:		
Email Address:					
Veterinarian Na	me:				
Address:					
Phone:					
Do you own or r	ent your hom Landords na			Own	Rent
	Are pets Allo	Phone: wed?		Yes	No
		Animals ow	vned in the past	5 years:	
				Current on	What happened to
Name	Breed	Age	Sterilized	shots	this animal?
			ļ	ļ	
I am adopting the		myself	my family	my children	friend/relative
How many child	ren?		How old are the	ey?	
Anyone in the ho		-	ou plan to adopt :	a cat?	Yes No
The noise/activi		all that apply		low r	nedium high
plays gently is fairly active					Plays enthusiastically
loves everyone prefers most s a cuddler enjoys lap tir					::
is a cuddler is quiet		talks occa			is more independent is a chatterbox
is quiet		Laiks occ	asionally		is a chatterbox
This cat needs to	get along wi	th	other cats	dogs	other:
I have:	indoor cats		in/out cats		other pets
Where will your	_	and sleep?	Inyout cuts	indoors	outdoors
(describe)					
My ideal cat wo					
Bad kitty habits	I can not tolei	rate:			