



Companion Request Form

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ Driver's License: _____

Emergency Contact (First & Last Name & Phone): _____

Are you 18 years or older? Yes No

Are you 55 years or older? Yes No

(If so, you may qualify for our Special PALS Program)

Your answers to the following questions will help us match the best pet for you.

Where do you live? House Condo Apartment Own Rent Other _____

Reason for adopting a pet: _____

What type of yard do you have, if any (including type of fencing)? _____

Do you have children living in or that visit the home? Yes No If yes, please explain: _____

Do any household members have pet related allergies? Yes No If yes, please explain: _____

Which best describes your lifestyle? Very Active Some Activity Structured/Routine Rather Calm/ Quiet

On average, how many hours per day will your pet be home alone? _____

Will this be your first time owning a pet? Yes No (If no, please complete the following)

Animals CURRENTLY living with you:

Pet's Name	Breed	Age	Sex	Altered?	This pet is kept:
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both

Animals NO LONGER living with you:

Pet's Name	Breed	Age	This pet is now:	This pet was kept:
			<input type="checkbox"/> Deceased <input type="checkbox"/> Lost <input type="checkbox"/> Rehomed	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both
			<input type="checkbox"/> Deceased <input type="checkbox"/> Lost <input type="checkbox"/> Rehomed	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both

OFFICE USE ONLY

VCA SD

P#: _____ Counselor: _____ Timein: _____ Timeout: _____

Please retain this form each time you return to the shelter as you are searching for the right pet for you. Otherwise, you will be required to complete a new one each visit. Thank you.