

PLUMAS COUNTY ANIMAL SHELTER
201 N. Mill Creek Road
Quincy, CA 95971
(530) 283-3673
ADOPTION CONSULTATION FORM



Welcome to Plumas Animal Shelter's adoption program. We would like to thank you for adopting a rescued dog or cat that is in need of a loving home. We request the following information so that our Adoption Counselor can assist you in the selection of a new pet. The purpose of our consultation process is to help insure that the adoption is in the animal's best interest and to assist you in finding a pet compatible with your family and lifestyle. In order to be considered as an adopter, you must:

1. Be 18 years of age or older;
2. Have identification with your present address;
3. Have the knowledge and consent of your landlord;
4. Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care for a pet.

1. I am looking for a Puppy_____ Dog_____ Kitten_____ Cat_____ Other_____

2. Is this your first experience with a pet? Yes_____ No_____

3. Please check any of the following reasons for adopting a pet.

Watchdog_____ Companion_____ Barn Cat/Mouser_____ Breeding_____

Hunting_____ Guard Dog for Business_____ Child's Pet_____

Companion for Other Pet_____ Other (specify)_____

4. Do you presently own any other pets? Yes_____ No_____

Name	Breed/species	Age	Sterilized/	De-clawed	Vaccinated
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. How many dogs or cats have you owned in the past 5 years? Dogs_____ Cats_____

What happened to those pets? (Please be specific and include name, species, breed, and ages).
Were they sterilized?

6. Who is your veterinarian? _____ Phone _____

7. Do you have a fenced yard? _____ Fence height _____
8. How many people live in your household? _____ Ages of children? _____
9. Will an adult be home during the day? _____ Night? _____ Do you own a crate? _____

Name _____ Date _____

Physical Address _____

Mailing Address _____

Home Phone _____ Work _____

Signature of Applicant _____

Reviewed by: _____ Date _____
Adoption Counselor

Comments:

Approved Adoption for a Puppy _____ Dog _____ Kitten _____ Cat _____ Other _____

Adoption Counselor _____ Date _____