



# ADOPTER PROFILE

## SMALL ANIMAL PRE-SCREEN FORM

For office use only

# \_\_\_\_\_

BREED \_\_\_\_\_

MALE OR FEMALE \_\_\_\_\_

NAME \_\_\_\_\_

REQUIREMENTS: 18+ Years of Age | Valid Photo ID | Provide Proof of Address | Pay Entire Adoption Fee Today

Any falsification of information, not meeting required policies or laws, etc. may result in a denial of your application. For a full list of policies please see our website.

Pet Applying For (if known) \_\_\_\_\_

Full Name \_\_\_\_\_

Are you over the age of 18? **YES / NO**

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Main Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Please Circle Your Answer

**Do you:**

Own

Rent

Live with Parents

Mobile Home

School Housing

Renters: list your landlord's phone number ( \_\_\_\_\_ ) \_\_\_\_\_

Live with Parents: list your parent's phone number ( \_\_\_\_\_ ) \_\_\_\_\_

How many children live in your home? \_\_\_\_\_ What ages? \_\_\_\_\_

I am a: **First Time Small Animal Owner** **Experienced Small Animal Owner**

What type of small animals are you looking to adopt? \_\_\_\_\_

Will this pet be housed with another animal of the same species? **YES / NO**

What type of housing will you provide? \_\_\_\_\_

Your Handling Comfort Level: **Uncomfortable** **Comfortable** **Willing to Hand Train** **Experienced Hand Trainer**

Have you ever had to rehome or give away a pet? **YES / NO** If yes, why \_\_\_\_\_

Please list your current employer \_\_\_\_\_

### Animal History Information: List current pets and any within the past 5 years

Name of Pet _____	Name of Pet _____	Name of Pet _____	Name of Pet _____	Name of Pet _____
CURRENT   PREVIOUS	CURRENT   PREVIOUS	CURRENT   PREVIOUS	CURRENT   PREVIOUS	CURRENT   PREVIOUS
Type of Pet _____	Type of Pet _____	Type of Pet _____	Type of Pet _____	Type of Pet _____
SPAYED/NEUTERED? <b>YES   NO</b>	SPAYED/NEUTERED? <b>YES   NO</b>	SPAYED/NEUTERED? <b>YES   NO</b>	SPAYED/NEUTERED? <b>YES   NO</b>	SPAYED/NEUTERED? <b>YES   NO</b>
INDOORS   OUTDOORS   BOTH	INDOORS   OUTDOORS   BOTH	INDOORS   OUTDOORS   BOTH	INDOORS   OUTDOORS   BOTH	INDOORS   OUTDOORS   BOTH
Rabies Vaccine Date _____	Rabies Vaccine Date _____	Rabies Vaccine Date _____	Rabies Vaccine Date _____	Rabies Vaccine Date _____
Vet Visit This Year? <b>YES   NO</b>	Vet Visit This Year? <b>YES   NO</b>	Vet Visit This Year? <b>YES   NO</b>	Vet Visit This Year? <b>YES   NO</b>	Vet Visit This Year? <b>YES   NO</b>

### How did you hear about us?

Radio Newspaper TV Social Media Online Friend Billboard

By signing below, I certify that all statements and answers on this application and verbally given to the adoption counselor are true and that any false information may result in denial of this application. I understand that if my application is not approved, it is not for reasons of personal bias. I understand that once this application has been turned in, the answers I have provided may not be changed. This application will be the sole property of the SFAHS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY

Drivers License # \_\_\_\_\_ Birthdate \_\_\_\_\_ Staff Signature \_\_\_\_\_ Date \_\_\_\_\_



### **Adoption Policy during COVID-19 Pandemic**

*Due to special circumstances, adopters **will not be able to meet cats, kittens, small animals, and dogs under 6 months of age prior to adoption.** If you are wanting to meet the animal before adopting, we would highly recommend waiting until we reopen to the public. All policies are subject to change depending on current conditions.*

I understand that the Sioux Falls Area Humane Society cannot guarantee the temperament, personality, or behavior of an animal.

I understand that if the pet does not work out in my home, I will return the pet to the night receiving area located at the Sioux Falls Area Humane Society. I understand I will not receive a refund should I need to return my pet.

I understand that by submitting my application it does not guarantee the pet that I am interested in will be held for me. I understand appointments are limited each week and are scheduled on a first come first serve basis depending on the status of the application.

I understand that to minimize staff contact and to safely practice social distancing, I must have a cell phone and credit card to complete an adoption during my appointment.

I understand that if I miss my scheduled appointment, the animal will not be held for me and I will need to start over in the scheduling process.

I understand that I will not be able meet multiple animals during my appointment and that I must have a specific animal in mind to adopt prior to scheduling an appointment.

I understand that the health and safety of the Sioux Falls Area Humane Society staff is a priority as it is essential that they are able to come to work and care for the animals. I will forfeit my appointment and not come to the Sioux Falls Area Humane Society should I have been sick within the last month, have COVID-19 symptoms such as fever, cough, or shortness of breath, or other similar cold or flu-like symptoms, have received a positive COVID-19 test am awaiting results of such test, or have been in direct contact with a person that has tested positive for COVID-19, or have traveled outside of South Dakota in the last month. I understand that staff may have other questions that may be asked of me in my interview for adoption.

By signing, I am agreeing to all the above statements and policies.

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Signature

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Date