



Please check ALL of the following topics you would like to discuss with the Adoption Counselor:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Spaying/Neutering | <input type="checkbox"/> Introducing other pets | <input type="checkbox"/> Spraying            | <input type="checkbox"/> Crate training     |
| <input type="checkbox"/> Diet/Nutrition    | <input type="checkbox"/> Introducing children   | <input type="checkbox"/> Jumping on counters | <input type="checkbox"/> Digging            |
| <input type="checkbox"/> Diseases/Viruses  | <input type="checkbox"/> Biting                 | <input type="checkbox"/> Litter training     | <input type="checkbox"/> Jumping            |
| <input type="checkbox"/> Vaccinations      | <input type="checkbox"/> Indoors vs. outdoors   | <input type="checkbox"/> Declawing           | <input type="checkbox"/> Barking            |
| <input type="checkbox"/> Cost              | <input type="checkbox"/> Housebreaking          | <input type="checkbox"/> Scratching objects  | <input type="checkbox"/> Obedience training |
| <input type="checkbox"/> Exercising        | <input type="checkbox"/> Containment            | <input type="checkbox"/> Chewing             | <input type="checkbox"/> Other _____        |

.....  
Adopter's Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are not employed, who will be financially responsible for this pet? \_\_\_\_\_

Lollypop Farm's corporate sponsors may contact you with information on pet-related promotions and services, unless you check this box:  No, do not provide my contact information to Lollypop Farm's corporate partners.

By signing, I affirm I am 21 years of age or over, and the information contained on this form is true to the best of my knowledge. I understand that Lollypop Farm Adoption Counselors may approve or deny an adoption based on this or other information during my visit. Should I be approved for adoption, I understand that I will be required to make a substantial commitment of time and money to this animal for up to 20 years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pets you would like to see: 1.) ID # \_\_\_\_\_ 2.) ID # \_\_\_\_\_ 3.) ID # \_\_\_\_\_

**FOR STAFF USE ONLY**

Date: \_\_\_\_\_

Desk Time: \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Counselors: \_\_\_\_\_

Person ID #P \_\_\_\_\_ Searched By: \_\_\_\_\_ # of Animals Shown: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License/I.D. Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_