

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.

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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?

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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? \_\_\_\_\_

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Name \_\_\_\_\_ Date \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

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Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_  
Adoption Counselor

Comments:

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Approved Adoption for a      Puppy \_\_\_\_\_      Dog \_\_\_\_\_      Kitten \_\_\_\_\_      Cat \_\_\_\_\_      Other \_\_\_\_\_

Adoption Counselor \_\_\_\_\_ Date \_\_\_\_\_