

# MEET YOUR MATCH



Kershaw County  
Humane Society

Please fill out this form to tell us more about you and your lifestyle so we can help you **Meet Your Match!** Applications are not first come, first serve, but rather matched up on who we feel would be the perfect home for our animals.

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

Name: \_\_\_\_\_

DL#: \_\_\_\_\_

Expiration: \_\_\_\_\_

Street

Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

What type of breed, size, and weight are you looking for?

\_\_\_\_\_  
\_\_\_\_\_

Will your new pet be strictly: indoors/outdoors/both

I prefer an animal whose activity level is: low/medium/high

Is your residence: House/Condo/Apartment/Mobile Home/Other

Do you: own/rent/live with parents/other

How long at current address?

\_\_\_\_\_

Do you have permission from parents or landlord to own this pet? Yes/No

Have you owned pets within the last 5 years and/or do you own pets currently? If so, what type?

\_\_\_\_\_  
\_\_\_\_\_

Were they: indoor, outdoor, or both

Have you ever surrendered an animal to a shelter? Yes/No

If yes, why?

\_\_\_\_\_  
\_\_\_\_\_

Current or preferred Veterinarian for your new pet:

\_\_\_\_\_  
Phone Number of Veterinarian:

\_\_\_\_\_  
Do we have permission to contact vet? Yes/No

I share my home with \_\_\_\_\_ children. Ages:

\_\_\_\_\_  
When traveling, the animal would be:  
inside the vehicle/in a crate/ back of truck/ would never be in a vehicle

I wish to adopt because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My pet experience is:     Low (first time owner)  
                                  Medium (had a pet or two)  
                                  High (knowledgeable and experienced)

Currently I have: fenced in yard/kennel/tether/stationary tie-down/overhead  
run/invisible fence/other

If it is a fenced in yard, how tall and what type of fence is it?

\_\_\_\_\_

How would you keep your animal confined to the property when you were away  
from home?

\_\_\_\_\_  
\_\_\_\_\_

Where would you like your new pet to sleep?

\_\_\_\_\_

Do you use a heartworm preventative? Yes/No

What brand?

\_\_\_\_\_

Do you use flea & tick preventative? Yes/No

What brand?

\_\_\_\_\_

Why did you choose to adopt a pet from the shelter?

\_\_\_\_\_  
\_\_\_\_\_

Would you welcome an in-home visit? Yes/No

Thank you so much for taking the time to fill out this form!