

PRE-ADOPTION BEHAVIOR CONSULT REFERRAL

Applicant: _____

Phone (day): _____ Phone (evening): _____

Dog they wish to adopt: _____ Animal ID: _____

We have: Landlord approval Home Ownership Mass. ID Meet Family

Referred by (adoption counselors name): _____

Qualities that make this a good potential applicant for this dog:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Potential concerns:

- 1) _____
- 2) _____
- 3) _____

Final decision (for behavior team only):

- Approved, behavior release required at the time of adoption.
- Approved, no behavior release required.
- Disapproved, reason why:

If disapproved, would this candidate be suitable for another dog? Yes No

Signature of Behavior Team member: _____