



OFFICE USE ONLY	
Date Received	_____
App Taken By:	_____
Approved/Denied:	_____ By: _____

The SPCA screens applicants in an effort to insure that our animals are placed with new owners who will properly provide for their care and well being. To be considered for an adoption you must be:

- 1) 18 years of age or older
- 2) Have a valid form of ID
- 3) Have the knowledge and consent of all adults living in the household
- 4) **Understand that completing this application does not guarantee adoption and the SPCA must approve your application.**

Date: _____ Pet Applying for: _____ Referred By: _____
 Name: _____ Spouse: _____
 Phone: _____ Other phone# _____
 Address: _____ Town: _____
 State: _____ Zip code: _____ E-mail address: _____
 Is your mailing address the same as above? Y N
 If no, Mailing address is: _____

Employer: _____ Address: _____
 Phone: _____

Spouse Employer: _____ Address: _____
 Phone _____

*If unemployed, how will you provide proper nutrition, veterinary care, and vaccinations for a pet?

Do you go on vacation Y N If yes, who watches your pets for you? _____

Do you OWN or RENT* your residence?
 Do you live in a: Country Home City/Village Home Apartment Trailer Park Other _____
 Do you have a Fenced Yard? Y N
 How long have you lived at your current residence? _____
 If less than a year, please list your previous address: _____
 Are you planning to move any time soon? Y N
 If Yes, where? _____
 And what would you do with your pet if you did have to move? _____

***Renters must have written approval from their landlord on a separate form.**

Name of Landlord: _____
 Phone: _____

References:

Name: _____ Address: _____
 Phone: _____
 Relationship to you: _____ Years known: _____
 Name: _____ Address: _____
 Phone: _____
 Relationship to you: _____ Years known: _____

Does anyone in your household have any pet allergies? _____

PLEASE LIST EVERYONE IN YOUR HOUSEHOLD. Include name, age and relationship to applicant and if they will be responsible for the pet.

Please list any pets who currently live in the household:

Name	Type/Breed	Age	Male/Female	Spayed/Neutered

Where do your pets currently stay: Indoors Outdoors Barn Garage
Where will this pet stay: Indoors Outdoors Barn Garage
How will this pet get exercise? Leash walk fenced yard tie out Other
What do you see as normal pet problems? _____
Under what circumstance would you return the pet to us? _____

Veterinarians Name: _____ Phone: _____
Address: _____
Are you a current client? Y N
How long have you used this vet? _____

Have you ever adopted from a shelter before? Y N
If yes, where? _____
Have you ever surrendered or given a pet away? Y N
If yes, what was the reason? _____

Do you give your consent to talk to the local dog control officer about you or anyone in your household?
 Y N *If you do not consent to a talk with the Dog Control Officer, your application will not be approved.

Have you or anyone in your household ever been convicted of abuse, neglect or has been ticketed by a dog control officer? Y N If yes, when and why? _____

By signing below I certify that the information I have provided is true. I understand that SPCA reserves the right to deny my application for any reason. I further authorize the investigation of all statements or persons listed in this application.

Applicants Signature	Co-Applicants Signature	Date
SPCA Staff Signature	Date	

PREFERENCES:

Breed(s) you like: _____ Breed(s) you don't like: _____
Gender: _____ Age Range: _____ Acceptable Sizes/Weights: _____
Color (if specific preference): _____ Coat (if specific preference): _____
Traits most important to you: _____
Any additional info/comments: _____