



ADOPTION APPLICATION

APPLICATION APPROVED: Y / N

These animals are with us because they have suffered abuse or neglect at the hands of people who did not care. 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 that the SPCA must approve your application.

Date: _____ Referred By: _____

Name: _____ Spouse: _____ Phone: _____

Address: _____ Town: _____

State: _____ Zip code: _____

Is your mailing address the same as above? Y N (If no, Mailing address is: _____)

Employer: _____ Address: _____ Phone: _____

Spouse Employer: _____ Address: _____ Phone: _____

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

Do you OWN or RENT* your residence?

Do you live in a Country Home City Home Apartment Trailer Park Other

Fenced Yard? Y N How long have you live at your current residence? _____

If less than a year, please list your former address: _____

Are you planning on moving any time soon? Y N

If Yes, where? _____

And what would you do with your pet? _____

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

Name of Landlord: _____ Phone: _____

PLEASE PROVIDE TWO REFERENCES, ONLY ONE CAN BE FAMILY, ONE CAN BE A VET

NAME: _____ ADDRESS: _____ PHONE: _____

RELATIONSHIP TO YOU: _____ YEARS KNOWN: _____

NAME: _____ ADDRESS: _____ PHONE: _____

RELATIONSHIP TO YOU: _____ YEARS KNOWN: _____

DOES ANYONE IN YOUR HOUSEHOLD HAVE ANY ALLERGIES? Y N IF YES, WHO _____

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

IS ANYONE IN THE HOUSEHOLD CURRENTLY PREGNANT? Y N

IF YES, WHO _____

PLEASE LIST ANY PETS YOU CURRENTLY HAVE: (*please don't include fish or reptiles*)

NAME	TYPE/BREED	AGE	SEX	SPAYED/NEUTERED
------	------------	-----	-----	-----------------

WHERE DO YOUR PETS CURRENTLY STAY: PRIMARILY INDOORS PRIMARILY OUTDOORS

WHERE WILL THIS PET STAY: PRIMARILY INDOORS PRIMARILY OUTDOORS

HOW WILL THIS PET GET EXERCISE: FENCED YARD TIE OUT LEASH/WALK

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 CUSTOMER? 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, WHY? _____

DO YOU GIVE YOUR CONSENT TO TALK TO THE 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

HAVE YOU BEEN TICKETED BY A DOG CONTROL OFFICER? Y N

IF YES, WHEN AND WHY? _____

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS TRUE. I UNDERSTAND THAT THE 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.

APPLICANT: _____ DATE: _____

CO-APPLICANT: _____ DATE: _____

SPCA OFFICER: _____ DATE: _____