



<u>OFFICE USE ONLY</u>
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: _____ Email 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:

<u>Name</u>	<u>Type/Breed</u>	<u>Age</u>	<u>Male/Female</u>	<u>Spayed/Neutered</u>
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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: _____