



<b><u>OFFICE USE ONLY</u></b>	
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.

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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: \_\_\_\_\_