



ADOPTION APPLICATION

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

The SPCA screens applicants in an effort to ensure 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 21 years of age.

Date: _____ Pet Applying for: _____ Referred By: _____
 Name: _____ Co-Applicant: _____
 Phone: _____ Alternate Phone Number: _____
 Email: _____
 Address: _____ Town: _____ State: _____ Zip: _____

Are you/your co-applicant employed? Yes ___ or No ___
 If No, How will you pay for the care of the pet? _____
 How long will the pet be left alone during the day on average? _____
 Do you go on vacation ___Y___N If yes, who watches your pets for you? _____

Do you OWN or RENT your residence? _____ *If renting, we will be contacting your Landlord for approval
 Name of Landlord: _____ Phone: _____
 How long have you lived at your current residence? _____ Are you planning to move? _____
 What would you do with your pet if you did have to move? _____

References: (No Family Members)

Name: _____ Phone: _____
 Name: _____ Phone: _____

Number in household: Adults _____ Children _____ Ages of children: _____
 Do you have frequent visitors to your home? Yes ___ or No ___ If so, what type: _____

Please list any pets who currently live in the household:

Name	Type/Breed	Age	Male/Female	Spayed/Neutered	Up to date on vaccines?

Have you personally owned a pet before? Yes ___ or No ___ What Kind? _____
 Have you ever had a multi pet household? Yes ___ or No ___

Where will this pet stay: Indoors ___ Outdoors ___ Barn ___ Garage ___ Other: _____
 Under what circumstance would you return the pet to us? _____

Veterinarians Name: _____ Phone: _____

*If you do not have a current pet, please list a veterinarian that you would use for the pet you are applying for.

Have you ever adopted from a shelter before? ___Y___N 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

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

Preferences: This section will help us know if the specific animal will be a good fit for your home. Please circle or check all that apply

I am looking for: Cat Dog Other (Specify): _____

Size Preference (for dogs): Small (0-20lbs) Medium (25-50lbs) Large (over 50lbs)

Age Preference: Puppy/Kitten (under 1 year) Young Adult (1y-3y) Adult (3y-6y) Senior (6y plus)

Temperament: Playful/energetic Laid back Needing extra TLC Other: _____

This pet will interact with: Kids Dogs Cats Strangers in the home

Breeds I cannot have: _____ Breeds I would prefer: _____

This animal **MUST** be _____ (ie. Housebroken, Male/Female, etc)

****If the above line is filled out we will not contact you about any dogs that do not meet this specification.**

Other important information to help us find you a match: _____

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

Date

****I understand that completing this application does not guarantee adoption and your application must be approved****

Office Use Notes: