



## Adoption Application

**Photo identification is required to adopt. We reserve the right to refuse adoptions to anyone.**

**All adoptions are final & no refunds are given for any reason.**

**Please do not adopt if you can't make a 15 to 20 year commitment to our animals.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Current Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

If not currently employed, who will be financially responsible for this pet? \_\_\_\_\_

Own or rent? Own \_\_\_\_\_ Rent \_\_\_\_\_ Live with parents \_\_\_\_\_ Live with roommates \_\_\_\_\_

What type of home? City house \_\_\_\_\_ Country house \_\_\_\_\_ Apartment \_\_\_\_\_ Trailer \_\_\_\_\_

Landlord's name \_\_\_\_\_ Phone number \_\_\_\_\_

Time at current address? \_\_\_\_\_ Will you be moving in the next 5 years? \_\_\_\_\_

If you do end up moving, what are your plans for this pet? \_\_\_\_\_

How many people live in your home? Adults \_\_\_\_\_ Children \_\_\_\_\_ Ages of children \_\_\_\_\_

Will this pet have contact with other children? \_\_\_\_\_ If yes, list ages \_\_\_\_\_

Is this pet for you or someone else? \_\_\_\_\_ If someone else, who? \_\_\_\_\_

List any family member allergies or asthma \_\_\_\_\_

Reasons for wanting this pet [Check all that apply]

Family companion \_\_\_\_\_ For my children \_\_\_\_\_ Companion for other animal \_\_\_\_\_ Gift \_\_\_\_\_ Mouser \_\_\_\_\_

Guard dog \_\_\_\_\_ Hunting \_\_\_\_\_ Personal protection \_\_\_\_\_ To breed \_\_\_\_\_ Other \_\_\_\_\_

Where will this pet spend the **day** & the **night**? [Place a D for day & an N for night next to all that apply]

Loose inside \_\_\_\_\_ Crate \_\_\_\_\_ Basement \_\_\_\_\_ Garage \_\_\_\_\_

Loose outside \_\_\_\_\_ Fenced Yard \_\_\_\_\_ Tied-up outside \_\_\_\_\_ Other \_\_\_\_\_

How many hours per day will this pet be left alone on average? \_\_\_\_\_

Who will care for this pet when you're out of town? \_\_\_\_\_

Have you ever given a pet away? [Including to an animal shelter or family member] Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain why \_\_\_\_\_

Have you ever had a pet that was: Hit by a car \_\_\_\_\_ Ran away \_\_\_\_\_ Stolen \_\_\_\_\_

Are you aware the yearly cost of pet care, not including emergencies, can exceed \$750? Yes \_\_\_\_\_ No \_\_\_\_\_

If adopting a cat, do you plan on de-clawing? Yes\_\_\_\_ No\_\_\_\_

If yes, why?\_\_\_\_\_

Are any current pets' vaccinations up-to-date? Yes\_\_\_\_ No\_\_\_\_ Not applicable\_\_\_\_

Have your current pets' been socialized with other animals? Yes\_\_\_\_ No\_\_\_\_ Not applicable\_\_\_\_

Adjustment to a new home may take a month or more. Are you willing to allow this time? Yes\_\_\_\_ No\_\_\_\_

Most of our animals have an unknown medical history. Do you agree to take this pet for a veterinary exam within 7-14 days & provide any necessary medical treatment **at your own expense**? Yes\_\_\_\_ No\_\_\_\_

Are you willing to make a 15 to 20 year commitment to this pet? Yes\_\_\_\_ No\_\_\_\_

Please list any pets you now have or have had in the **past 10 years**:

Species/Breed	Age	Sex	Spayed/Neutered	If no longer owned, what happened to the pet?

Please list 2 people that will always know your whereabouts for reference:

Name	Address	Phone Number

Current or past veterinarian's name & phone number\_\_\_\_\_

**By signing, I affirm that I am 18 years of age or over, and the information contained on this form is true to the best of my knowledge. I grant permission to the SPCA of Jefferson County to contact my landlord and veterinarian to discuss the information listed. I understand that any adoption may be approved or denied for any reason. Should I be approved for adoption, I understand that I will be required to make a substantial commitment of time and money to this animal for up to 20 years. I further understand that most of the animals in the care of the SPCA of Jefferson County have an unknown medical and behavioral history and that any necessary medical or behavioral treatment will be at my own expense.**

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

Staff Use Only			
Date Application Received_____	Received By_____		
Vet Record Check_____	Property Check_____	Yard Check_____	Other Requirements_____
Adoption Approved_____	Adoption Denied_____	Reason_____	