



## Adoption Application

Photo identification is required to adopt. Adoption will be denied to anyone who provides false information on this application. All adoptions are final and no refunds are given, so please make sure you're ready for a lifelong commitment before adopting one of our animals. Applications are kept on file for 3 months.

### ALL ADOPTIONS ARE SUBJECT TO THE APPROVAL OF THIS APPLICATION

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City, State Zip \_\_\_\_\_ Email address \_\_\_\_\_

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

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

Type of Residence: [please check all that apply]

City home \_\_\_\_\_ Country home \_\_\_\_\_ Apartment \_\_\_\_\_ Trailer \_\_\_\_\_  
Own \_\_\_\_\_ Rent \_\_\_\_\_ Live with parents \_\_\_\_\_ Live with roommates \_\_\_\_\_

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

How long have you lived at this address? \_\_\_\_\_ Will you be moving in the next 2 years? \_\_\_\_\_

If yes, what will happen to 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 animal-related allergies or asthma \_\_\_\_\_

Reasons for wanting this pet [please 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** and the **night**? [place a D for day and 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? \_\_\_\_\_

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

Have you ever surrendered a pet to an animal shelter or given a pet away? **Yes** **No**

If yes, please explain \_\_\_\_\_

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

Are you aware that the yearly cost of caring for a pet, 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 N/A**

Have any current pets' been socialized with other animals? **Yes No N/A**

Adjustment to a new home may take a month or more. Are you prepared to allow this much 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 and provide any necessary medical treatment **at your own expense**? **Yes No**

Dogs and cats can live up to 20 years. Are you willing to make a lifelong 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	Altered?	If no longer owned, what happened to the pet?

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

Please list 2 people [at least 1 relative] that will always know your whereabouts for reference:

Name	Address	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 understand that any adoption may be approved or denied based on this or other information obtained during my visit. 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 treatment or behavioral training after adoption 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 Declined \_\_\_\_\_ Reason \_\_\_\_\_