

# Adoption Application

ID # & Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Alternate E-Mail that you have access to: \_\_\_\_\_

Please provide state issued photo identification.

Are you at least 21 years old? \_\_\_ Yes \_\_\_ No Do you qualify for our senior discount (60 years of age or over)? \_\_\_\_\_

Are you currently a student? \_\_\_ Yes \_\_\_ No

Are you \_\_\_\_\_ Working \_\_\_\_\_ Retired \_\_\_\_\_ Homemaker \_\_\_\_\_ Other \_\_\_\_\_

How would you describe where you live:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Mobile Home           | <input type="checkbox"/> Rural       |
| <input type="checkbox"/> Mobile Home in a Park | <input type="checkbox"/> Village     |
| <input type="checkbox"/> Apartment             | <input type="checkbox"/> City        |
| <input type="checkbox"/> Fraternity/Sorority   | <input type="checkbox"/> Suburb      |
| <input type="checkbox"/> House                 | <input type="checkbox"/> Other _____ |

How many people live in the home? \_\_\_\_\_ Ages: \_\_\_\_\_

Check all that apply:

- At least one adult in the household is currently employed
- I receive food stamps.
- I receive public assistance. (i.e., rent support, etc.)
- I rent my home/apartment. Landlord's name & phone number \_\_\_\_\_
- I am a student. My parents name, address & phone \_\_\_\_\_
- I own my home.
- The pet I adopt will be around children. Ages of children: \_\_\_\_\_

Check all reasons you want to adopt this pet:

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Hunting             | <input type="checkbox"/> Barn Cat  |
| <input type="checkbox"/> Companion           | <input type="checkbox"/> Kill Mice |
| <input type="checkbox"/> Protection/Guarding | <input type="checkbox"/> Other     |

Will this be an indoor or outdoor pet? \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Both

Do you understand that it takes at least a couple of weeks for a pet to adjust to a new environment?  
\_\_\_\_\_

Is anyone in your home allergic to pets? \_\_\_\_\_

Have you ever adopted from this shelter before? \_\_\_\_\_ Who? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever surrendered a pet to a humane society? \_\_\_\_\_ When? \_\_\_\_\_  
Why? \_\_\_\_\_

What will you do with this pet if you have to move? \_\_\_\_\_

Please list the pets you have had in your household in the last 5 years:

NAME	TYPE	SEX	SPAYED OR NEUTERED	AGE	HAD HOW LONG	CURRENTLY HAVE? IF NOT, WHY?

I give my permission for the Susquehanna SPCA to contact my Veterinarian, who is:

Veterinarian Name & Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Under what name will the records be? \_\_\_\_\_

How would you handle any behavior problems with this pet? \_\_\_\_\_

What care will you provide your dog/puppy during working hours or when you are not home? \_\_\_\_\_

What method of housebreaking would you use if needed? \_\_\_\_\_ Crate \_\_\_\_\_ Paper \_\_\_\_\_ Other

Have you ever lived with a dog/cat that chewed or scratched your furniture? \_\_\_\_\_  
If so, how did you handle it? \_\_\_\_\_

Are there any bad habits that you cannot tolerate? \_\_\_\_\_

Check any that apply when your dog/puppy is outside. My dog or puppy will be:

- In a fenced yard       Chained       Invisible Fencing       Walked on a leash  
 Allowed to run free       On an overhead cable run       Dog House

Please list 2 references who are **not related to you or living with you.**

NAME		PHONE	
NAME		PHONE	

I certify that the above information is true. I also understand that giving false information on this application is grounds for denying my application or for repossessing the pet. I understand that the Susquehanna SPCA reserves the right to refuse and or deny any application. I give my permission to the Susquehanna SPCA to verify my past and present pets medical records at my veterinarian.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_