

SPCA Dog or Puppy Adoption Application

Date:	Name of Dog interested in:	Type of dog desired:
Age of dog desired:	Oldest dog considered:	Size desired:
Color(s):	Length of hair: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long	
Applicant and Co – Applicant Information and General Household Information		
Applicant Information		
Name:	Driver's license number:	State:
Address, City, State & Zip:		Age:
Telephone numbers: Home:	Work:	Cell:
Email Address:		
Co – Applicant Information		
Name:	Driver's license number:	State:
Address:		Age:
Telephone numbers: Home:	Work:	Cell:
Email Address:		
General Information		
Type of residence:	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm / Barn	
If rental, are dogs allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Complex name/address:		
Manager/Landlord:		Phone number:
Current housing location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits		
Type of street:	<input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road	Speed limit:
Where will dog live?	<input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside	
Where will the dog spend nights?	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
Will you allow the dog to run loose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, where?
How many hours per day will the dog be alone?	Where will the dog stay when left alone?	
Please describe the activity level of your home:	<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, Dogs barking) <input type="checkbox"/> Moderate (normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests) <input type="checkbox"/> Other (Please explain)	
In the absence of primary caregiver, who will care for the Dog?		
What will you do with the Dog when you travel?		
Under which circumstances would you have to return the Dog to us?	<input type="checkbox"/> New Job <input type="checkbox"/> Divorce <input type="checkbox"/> New Baby <input type="checkbox"/> Move <input type="checkbox"/> Illness <input type="checkbox"/> Other (Please explain)	
Have you researched the specific breed your interested in? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please explain the good and bad characteristics of the breed:		
Are you willing and able to take responsibility if this pet acquires an illness or tests positive for heartworm? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing and able to pay the veterinary costs of caring for your new pet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to take the time to work with a Dog on housebreaking or chewing if such a problem arises? <input type="checkbox"/> Yes <input type="checkbox"/> No		

To check the Check Boxes () press the space bar over the applicable answer

If behavioral problems arise, what steps will you take to work on it?					
Would you consider obedience training for your new Dog? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How much time are you prepared to allow for your new pet to adjust to your home?					
Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you do not have a fence, are you willing to install a run or leash walk at all times? How high is it? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain:			
How much do you expect to spend on maintenance for your pet in a year?					
Number of People in Household:		Family's age group: <input type="checkbox"/> 0 – 5 <input type="checkbox"/> 6 - 12 <input type="checkbox"/> 12 – 18 <small>Check as many as applicable</small> <input type="checkbox"/> 19 – 25 <input type="checkbox"/> 26 - 60 <input type="checkbox"/> Over 60			
If children are in the household, please list ages:					
Are you presently: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student					
Employer or School Information					
Applicant					
Employer or School Name:			Address of Employer or School:		
Telephone Number:			Hours of Work or School:		
Co – Applicant					
Employer or School Name:			Address of Employer or School:		
Telephone Number:			Hours of Work or School:		
Current / Past Pet Information					
Have you had pets in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, complete the following chart		
Type of Pet	Years Owned	Spayed/Neutered	Current on Vaccinations / Heartworm?	Inside/Outside	Where is Pet Now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
Would your current pets accept a new member? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Explain how you will introduce the new member to your household:					
Current or past vet name of clinic:				Phone:	
Do you consider your dog a part of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you aware that a dog is a large and lifelong commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is anyone in your household allergic to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, Please explain:	
Why do you wish to adopt? <input type="checkbox"/> Companion for Self <input type="checkbox"/> Companion for Child <input type="checkbox"/> Companion for other Household Member <input type="checkbox"/> Gift <input type="checkbox"/> Watchdog <input type="checkbox"/> Other					
If Other, Please explain:					
Personal References					
#1 Name:		Relationship:			
Phone:		Best time to contact:			
#2 Name:		Relationship:			
Phone:		Best time to contact:			

To check the Check Boxes () press the space bar over the applicable answer

Finalizing the adoption application

I have read the above information carefully, and I have answered the application honestly. I understand that the omission of information and /or failure to answer all questions can result in this application being declined. If an omission or untruth is discovered after an adoption occurs, I understand and accept that SPCA Alliance has the right to annul the adoption and reclaim the pet.

Yes No

I give SPCA Alliance permission to fully investigate the information provided on this application as well as to contact all references noted herein. Yes No

I agree to return the pet to SPCA Alliance in the event that I can no longer care for him/her. Yes No

I understand that the adoption donation is non-refundable. Yes No

To check the Check Boxes () press the space bar over the applicable answer