



Adoption Application DOG

Dog's Name (if specific dog is requested): _____ Date: _____

Primary Breed: _____ Secondary Breed: _____

PLEASE CIRCLE THE ANSWERS TO THE TYPE OF DOG YOU ARE LOOKING FOR:

Age: Young (Puppy-10 months) Adult (10 months-7 years) Senior (Over 7 years)

Size: Small (Under 30 pounds) Medium (30-50 pounds) Large (50 pounds and up)

Sex: Male Female Doesn't Matter

Is the dog a: Companion for you Companion for another dog Companion for children

I want my dog to be: Family Dog Guard Dog Hunting Dog Playful Dog Laid Back Dog Trained Dog Special Needs Dog

Agility/Flyball Dog Exercise Companion Active/Outdoor Companion Overall Companion

PLEASE NOTE: we are unable to consider incomplete applications.

Applicant's Name: _____ Date of Birth _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone _____

Name(s) of Other Primary Caretaker(s) in the Home: _____

Where did you learn about the animal?

Shelter visit ___ SPCA Website ___ SPCA Newsletter ___ Facebook ___ Event ___ Newspaper ___ Other website ___

Please let us know which newspaper, event or website: _____

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- 1) Are you over 21 years of age? (Yes / No)
 - 2) Do you have the income/resources to provide for a new pet? (Yes / No)
Source of Income/Resources: _____
 - 3) Where do you live? (*circle one*) House Apartment/Condo Mobile Home Dorm Other: _____
Do you : (*circle one*) Own or Rent * *If you rent, we may contact your landlord to verify pet policy*
* Name of Landlord: _____ Phone: _____ Verified by: _____
 - 4) List the ages of children/grandchildren that live in or regularly visit your home: _____
 - 5) How many hours a day would the dog be left alone? _____
 - 6) Where will the dog be kept while you are not home? _____
 - 7) Where will the dog sleep at night? _____
 - 8) Do you have a yard? (Yes/No) How big is the yard? _____
 - 9) Is the yard fenced? (Yes/No) How high is the fence? _____
 - 10) Who is your veterinarian? _____
May we contact them? Y N Phone number: _____



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11) List current and previous pets:

Animal Name	Breed	Sex	Spayed/Neutered	# of years owned	Where is pet now?

12) Does anyone in your house have allergies? (Yes / No)

13) Why do you want to adopt this pet? _____

14) Is there anything else you would like us to know? _____

The information I have provided is accurate and true to the best of my knowledge. It is my understanding that any false information could result in denial of my adoption application. If I am approved for adoption and at any point the above information is determined to be false I understand that I may be required to release ownership of the animal back to the Pope Memorial SPCA. If for any reason I am unable to keep the pet I agree to return the pet to the Pope Memorial SPCA.

Print Applicant Name

Applicant Signature

Date

Staff Use Only:

Please initial when complete (if applicable):

____ app complete ____ child intro ____ dog intro ____ vet check ____ landlord check

____ approved ____ denied due to _____

Notes: