



Adoption Application SMALL ANIMAL

Small Animal's Name (if specific request): _____ Date: _____

Type of Pet Desired: _____

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: _____

-
- 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) Do you prefer a pet that will enjoy being:

<input type="checkbox"/> Running loose in home	<input type="checkbox"/> Indoors	<input type="checkbox"/> In a fenced yard
<input type="checkbox"/> In a cage	<input type="checkbox"/> In a barn or garage	<input type="checkbox"/> Outdoors
 - 6) How will you house your pet? _____
 - 7) Do you have previous experience with this pet:

<input type="checkbox"/> First time owner	<input type="checkbox"/> Had one or two previously	<input type="checkbox"/> Knowledgeable and experienced
---	---	---
 - 8) Is anyone in the home nervous or unsure about small animals? _____
 - 9) What arrangements will be made if you travel and are away from the home? _____



Adoption Application SMALL ANIMAL

10) Who is your veterinarian? _____

May we contact them? Y N Phone number: _____

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: