



Staff Use
___vet check
___child intro
___landlord check
___app complete
___staff initials

## Small Animal Adoption Application

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: \_\_\_\_\_ Apt#: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Name(s) of Other Primary Caretaker(s) in the Home: \_\_\_\_\_

- 1) Are you over 21 years of age? (Yes / No)
- 2) 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: \_\_\_\_\_
- 3) List the ages of children/grandchildren that live in or regularly visit your home: \_\_\_\_\_
- 4) 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
- 5) How will you house your pet? \_\_\_\_\_
- 6) Do you have previous experience with this type of animal: (Yes / No)
- 7) Who is your veterinarian? \_\_\_\_\_  
 May we contact them? (Yes / No) Phone number: \_\_\_\_\_
- 8) Does anyone in your house have allergies to pets? (Yes / No)
- 9) Is this pet for you or a family member? Please explain: \_\_\_\_\_

94 Silk Farm Rd. Concord, NH 03301  
 (603) 856-8756 ext. 227  
 adoptions@popememorialsPCA.org

10) List current and previous pets:

Animal Name	Species/Breed	Sex	Spayed/ Neutered?	How old is the pet?	Where is the pet now?	Up to date on Rabies?

*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

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