



# ADOPTION APPLICATION

Date	Cat      Dog	Pet Name
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We reserve the right to refuse adoption to anyone.

## Identification

Name	
Street Address	
City	State/Zip
Home Phone	Cell Phone
Email Address	

## Housing

<input type="checkbox"/> Rent	Landlord's Name
	Landlord's Phone Number
	Are pets allowed?
<input type="checkbox"/> Own	Length of time at current residence?

## Household Members

Number of ADULTS in household	
Number of CHILDREN in household	Ages
Roommate/Spouse's Name	
Do any housemates have pet allergies?	

## Current Pets

Pet Name	Species	Age	
Are your current pets:		Yes	No
• up-to-date on vaccinations?		<input type="checkbox"/>	<input type="checkbox"/>
• Spayed/Neutered?		<input type="checkbox"/>	<input type="checkbox"/>
• On Heartworm Prevention?		<input type="checkbox"/>	<input type="checkbox"/>

Veterinarian's Name/Practice
Veterinarian's Phone Number

Where will this pet spend most of it's time? Crate    Indoors    Outdoors    Garage    Basement
Where will pet stay when you are away on vacation?

## Initial Each Statement:

\_\_\_\_\_ I understand that by adopting, I will be taking financial responsibility for this pet, which can run up to, and possibly beyond, \$1000 a year.

\_\_\_\_\_ I agree that I will not alter this pet for cosmetic purposes/convenience. This includes: declawing, tail docking, ear cropping, tattooing, piercing, etc.

By my signature below, I certify that the statements made on this application are true and accurate to my best knowledge. I understand that false statements by me may lead to the rejection of this application for adoption.

X

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# SPCABC USE ONLY

<b>ID Check</b>
<b>Landlord Check</b>
<b>Vet Check</b>
<b>Meet'n'Greet</b>
<b>Comments</b>
<b>Approved</b> <b>Conditional Approval</b> <b>Denied</b> <b>By</b> _____ <b>Date</b> _____