

ADOPTION APPLICATION

Thank you for filling out this application. This information will help us to get to know you and your family better.

Date: _____ Which pet are you interested in? _____
Your name(s): _____
Your Address: _____
Daytime Telephone: _____ Evening Telephone: _____
Your Email Address: _____
How long have you lived at your current address? _____
Where did you previously reside? _____
Do you reside in a house, mobile, apartment? _____ Do you own or rent? _____
If you rent, we will need the following information: Landlord's Name: _____
Landlord's Telephone: _____
Place of Employment: _____
Will this be your first pet? _____
Do you currently have cats? _____ Breeds/Ages: _____
Do you currently have dogs? _____ Breeds/Ages: _____
Any other domestic animals (describe): _____
Any livestock (describe): _____
Are there children in the household? _____ Ages: _____
Do children frequently visit your home? _____ Ages: _____
Where will your pet spend the most time during the day? _____
Where will your pet spend the most time during the night? _____
If applying to adopt a dog, do you have a fenced yard? _____ Type of Fence: _____
Is the yard fenced completely around? _____ Dimensions of fenced area: _____
What function will your pet play in your life (ex: companion, working, etc.): _____

Are there any behaviors you would have a hard time dealing with in your new pet? _____

Would you object to S.P.O.T. sending a representative to visit your home before and/or after adopting a pet from them? _____ If yes, why? _____
Are you aware of your city and/or county regulations regarding pet ownership, such as licensing issues and/or leash laws? _____
If you are interested in adopting a cat, do you plan on having it declawed? _____ Why? _____
Are you aware that all pets adopted from S.P.O.T. are spayed/neutered and vaccinated prior to the adoption process being complete? _____ Do you have any objections to this policy? _____
Are you willing and able to financially support the adoption of the pet you are interested in: _____
Are you thus aware that this pet will need annual booster vaccinations for optimum health? _____
Who is your current veterinarian or clinic? _____

Please feel free to include any additional comments or information about yourself on a separate sheet of paper.

Please note: This application is a starting point in the adoption process. S.P.O.T. adoption counselors will use this information to evaluate your lifestyle and the preferred lifestyle for the pet in question. Not passing the qualifications for one pet does not mean that a different pet will not work for your situation. Your patience with this adoption process is greatly appreciated. Our goal is to find the perfect pet for your needs and the perfect home for each pet in our care. Thank you.