

Phone: 518-353-7755 www.elmorespca.org

Mail application to: PO Box 686

Peru, NY 12972

Email to: elmoreapplications@elmorespca.org

OFFICE USE ONLY					
Date Received:					
App Taken By:					

ADOPTION APPLICATION

/ :					
If you have children, how old are they? No No					
Does anyone in the home have allergies to animals? Yes No					
Are you willing to crate your dog in the beginning? Yes No					
o:					

	How will the dog b	e exercised?						
8. Are you aware that the annual cost of veterinary care for a single pet can be						where from		
	\$100.00 to \$400.00 just for routine shots and office visits? Yes No							
9.	Do you think you will have available funds if the animal, for example, is hit by a car, becomes							
	diabetic, or develops some other long-term illness that requires medication and additional veterina							
	care? Yes No							
ΞN	IPLOYMENT STA	TUS						
۱re	e you currently emp	oloyed? Yes No)					
fy	es, place of emplo	yment:						
f ı	no , how will you be	able to provide pro	per nutrition, vete	erinary care, an	nd vaccinatio	ons for a pet?		
								
2		T PET INFORMAT						
	_	en up an animal or						
	If yes, please explain:							
	ii yes, piease exp	iain:						
		opted an animal be						
	Have you ever ad		fore? Yes No)				
	Have you ever ad If yes, from where	opted an animal be	fore? Yes No)				
	Have you ever ad If yes, from where	opted an animal be	fore? Yes No)		household.		
	Have you ever ad If yes, from where	opted an animal be	fore? Yes No)		household.		
	Have you ever ad If yes, from where Please list ALL ar	opted an animal be	fore? Yes No	ed by you, but v	will be in the	household.		
	Have you ever ad If yes, from where Please list ALL ar	opted an animal be	fore? Yes No	ed by you, but v	will be in the	household.		
	Have you ever ad If yes, from where Please list ALL ar	opted an animal be	fore? Yes No	ed by you, but v	will be in the	household.		
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	Have you ever ad If yes, from where Please list ALL ar	opted an animal be	fore? Yes No	ed by you, but v	will be in the	household.		
	Have you ever ad If yes, from where Please list ALL ar Name	opted an animal be	ned and not owned	ed by you, but v	will be in the	household. Spay/ Neutered		
	Have you ever ad If yes, from where Please list ALL ar Name	opted an animal be e: nimals currently own Species iission is to diligentle	fore? Yes No	Age educing pet ove	will be in the	household. Spay/ Neutered . No animal is		
	Have you ever ad If yes, from where Please list ALL ar Name Elmore SPCA's madopted from Elm	opted an animal be	fore? Yes No	Age educing pet ove	will be in the	household. Spay/ Neutered . No animal is		
	Have you ever ad If yes, from where Please list ALL ar Name Elmore SPCA's madopted from Elm homes where all p	opted an animal be e: nimals currently own Species hission is to diligently ore without being s	ned and not owned Breed y work towards repayed or neutered neutered.	Age educing pet ove	Sex erpopulation	household. Spay/ Neutered . No animal is helter pets in		

5.	Are they ALL up to date with Rabies and Distemper vaccines? Yes No					
6.	6. Have they ALL been heartworm tested? Yes No					
7.	Are they ALL receiving heartworm p	reventative? Yes No				
8.	Ticks, especially Deer ticks, are abu	ndant in the region. Because of the sandy soil, fleas are also				
	prevalent. Are they ALL receiving tic	k and flea deterrent? Yes No				
9. Have your cats ALL been tested for FIV and other feline contagious diseases? Yes						
10.	If you answered "No" to questions 5-	-9, please explain:				
PE	RSONAL REFERENCES:					
Nar	me:	Phone: ()				
Nar	me:	Phone: ()				
SP0 rese calls ado	CA to contact Landlords and Veterinari erve the right of Elmore SPCA manage is as well as property checks in order to	opproved to adopt a pet from Elmore SPCA. I authorize Elmore ians in order to verify all statements in this application. I ers and Board of Directors to conduct follow up telephone of ensure the happiness, safety, and well being of my newly ownership of my adopted animal despite licensing, if it is this legal contract.				
Add	option Applicant Signature	 Date				
I,		, release any and all of my past and present veterinary				
reco	ords from	Veterinary Hospital to				
Elm	nore SPCA. Veterinarian's Phone Num	ber: ()				
PRI	EFERENCES					
Bre	ed(s) you like:					
Ger	nder: Age Range:	Acceptable Sizes/Weights:				
Col	or (if specific preference):	Coat (if specific preference):				
Trai	its most important to you:					
Anv	additional information/comments:					