



PO Box 686 510 Arthur Road Peru, NY 12972  
518.643.2451 www.elmorespca.org

Office Use Only

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**Adoption Application**

Name of Pet you are interested in:

DATE: \_\_\_\_\_

\_\_\_\_\_

**ADOPTION APPLICANT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work or Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**RESIDENCE**

Own a home     Rent (\*Required)     Live with parents     Have a roommate

\* Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes     No    Are you willing to crate your dog in the beginning?

Yes     No    Do you have a fenced in yard? Fence Height: \_\_\_\_\_ Type: \_\_\_\_\_

Number of hours the dog will be alone (longest)? \_\_\_\_\_

How will the dog be exercised? \_\_\_\_\_

**EMPLOYMENT STATUS**

1) Are you currently employed?     Yes     No

2) If yes, Place of Employment: \_\_\_\_\_

3) If no, how will you be able to provide proper nutrition, veterinary care, and vaccinations for a pet? \_\_\_\_\_

4)  Yes     No    Are you aware that the annual cost of veterinary care for a single pet can be anywhere from \$100.00 to \$400.00 just for routine shots and office visits?

5)  Yes     No    Do you think you will have available funds if the animal is, for example, hit by a car, becomes diabetic, or develops some other long-term illness that requires medication and additional veterinary care?



**CURRENT SITUATION INFORMATION**

- 1)  Yes  No Are you 18 or older?
- 2) If you have children, how old are they? \_\_\_\_\_
- 3)  Yes  No Will small children be supervised with the pet?
- 4)  Yes  No Does anyone in the home have allergies to animals?
- 5) If yes, how will this situation be handled? \_\_\_\_\_

**PAST AND PRESENT PET INFORMATION**

- 1)  Yes  No Have you ever given up an animal or surrendered it to an animal shelter?
- 2) If yes, please explain: \_\_\_\_\_
- 3)  Yes  No Have you ever adopted an animal before?
- 4) If yes, from where? \_\_\_\_\_
- 5) Please list ALL animals **currently** owned.

Name	Species	Breed	Age	Sex	Neutered/ Spayed?

6) Please list your previous pets and what happened to them.  
\_\_\_\_\_

7)  Yes  No Are **ALL** your pets spayed or neutered?

**NOTE:** Because we believe that spaying and neutering of animals helps decrease the number of homeless dogs and cats, it has been our long-standing policy not to place our shelter pets into homes that have un-spayed or un-neutered animals unless there are extenuating circumstances which are confirmed by a vet.

.8)  Yes  No Are they **ALL** up to date with Rabies and Distemper vaccines?

9)  Yes  No Have they **ALL** been heartworm tested?

10)  Yes  No Are they **ALL** receiving heartworm preventative?

11)  Yes  No Have your cats **ALL** been tested for FIV and other feline contagious diseases?

12) If you answered "No" to any of the above 5 questions, please explain.  
\_\_\_\_\_



**PERSONAL REFERENCES:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**I certify that the information I have given is true and accurate. I authorize the Elmore SPCA to contact Landlords and Veterinarians in order to verify all statements in this application. I reserve the right of the Elmore SPCA managers and Board of Directors to conduct follow up telephone calls as well as property checks in order to ensure the happiness, safety, and well being of my newly adopted companion. I agree to relinquish ownership of my adopted animal despite licensing, if it is found at any time that I am acting against this legal contract.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, release any and all of my past and present veterinary records from \_\_\_\_\_ Veterinary

**Hospital to Elmore SPCA.**

**Veterinarian's Phone Number:** \_\_\_\_\_



**PREFERENCES**

Breed(s) you like \_\_\_\_\_

Gender: \_\_\_\_\_ Age Range: \_\_\_\_\_

Acceptable Sizes/Weights: \_\_\_\_\_

Color (if specific preference) \_\_\_\_\_

Coat (if specific preference) \_\_\_\_\_

Traits most important to you: \_\_\_\_\_

Other traits/characteristics important to you: \_\_\_\_\_

\_\_\_\_\_

Any additional information/comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

**Application taken by:** \_\_\_\_\_

