

Tel: 518-643-2451 ~ Fax: 518-643-5182 www.elmorespca.org

PO Box 686 Peru, NY 12972 556 Telegraph Road Peru, NY 12972

## OFFICE USE ONLY

Date Received: \_\_\_\_\_

App Taken By: \_\_\_\_\_

# **ADOPTION APPLICATION**

Da	te:	_			
Na	me of the shelter pet you are interested in	ו:			
lf t	ne above pet is not available, your second	d choice:			
PE	RSONAL INFORMATION				
Ad	option Applicant's Name				
Are	e you 18 or older? Yes No				
Ad	dress:				
Cit	y/Town:	_ State:	Zip:	County:	
Ho	me Phone: ()				
Wo	ork Phone: ()				
Ce	ll Phone: ()				
En	ail:				
RE	SIDENCE				
Ov	n a home Rent (*Required) Live v	vith parents	(*Require	d)	
	Indlord's/Parents' Name:				
*Pl	none Number: ()				
1.	If you have children, how old are they?				
2.	Will small children be supervised with the pet? Yes No				
3.	Does anyone in the home have allergies	to animals?	Yes No		
	If yes, how will this situation be handled?	?			
4.	Are you willing to crate your dog in the beginning? Yes No				
5.	Do you have a fenced in yard? Yes No Fence Height: Type:				
6.	Number of hours the dog will be alone (lo	ongest)?		_	

- 7. How will the dog be exercised? \_\_\_\_\_
- 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? Yes \_\_\_\_ No \_\_\_\_
- 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 veterinary care? Yes \_\_\_\_ No \_\_\_\_

### **EMPLOYMENT STATUS**

Are you currently employed? Yes \_\_\_\_ No \_\_\_\_

If yes, place of employment: \_\_\_\_\_

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

### PAST AND PRESENT PET INFORMATION

Have you ever given up an animal or surrendered it to an animal shelter? Yes \_\_\_\_ No \_\_\_\_
If yes, please explain: \_\_\_\_\_

Have you ever adopted an animal before? Yes \_\_\_\_ No \_\_\_\_
If yes, from where: \_\_\_\_\_\_

3. Please list **ALL** animals currently owned and not owned by you, but will be in the household.

Name	Species	Breed	Age	Sex	Spay/ Neutered

4. Elmore SPCA's mission is to diligently work towards reducing pet overpopulation. No animal is adopted from Elmore without being spayed or neutered. We prefer to place our shelter pets in homes where all pets are spayed or neutered.

If you answered "no" in that column, please explain why not: \_\_\_\_\_

- 5. Are they ALL up to date with Rabies and Distemper vaccines? Yes \_\_\_\_ No \_\_\_\_
- 6. Have they ALL been heartworm tested? Yes \_\_\_\_ No \_\_\_\_
- 7. Are they ALL receiving heartworm preventative? Yes \_\_\_\_ No \_\_\_\_
- 8. Ticks, especially Deer ticks, are abundant in the region. Because of the sandy soil, fleas are also prevalent. Are they ALL receiving tick and flea deterrent? Yes \_\_\_\_ No \_\_\_\_
- 9. Have your cats ALL been tested for FIV and other feline contagious diseases? Yes \_\_\_\_ No \_\_\_\_
- 10. If you answered "No" to questions 5-9, please explain: \_\_\_\_\_

#### PERSONAL REFERENCES:

Name:	Phone: ()
Name:	Phone: ()

I, \_\_\_\_\_\_\_, understand that by signing this Adoption Application, I am verifying that the above information is true and accurate. I understand that the completion of this application does not guarantee I will be approved to adopt a pet from Elmore SPCA. I authorize Elmore SPCA to contact Landlords and Veterinarians in order to verify all statements in this application. I reserve the right of 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.

Adoption Applic	ant Signature	Date
I,		, release any and all of my past and present veterinary
records from		Veterinary Hospital to
Elmore SPCA.	Veterinarian's Phone Nur	nber: ()
PREFERENCE	S	
Breed(s) you lik	e:	
Gender:	Age Range:	Acceptable Sizes/Weights:
Color (if specific	c preference):	Coat (if specific preference):
Traits most imp	ortant to you:	
Any additional in	nformation/comments:	