

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

Mail application to Email Inquiries to PO Box 686, Peru, NY 12972 info@elmorespca.org

OFFICE USE ONLY
Appt Date
Appt Time
App Taken By
Outcome

ADOPTION INFORMATION FORM

Date:	_			
PERSONAL INFORMATION				
Adoption Applicant's Name.				
Are you 18 or older?				
Address				
City/Town	State	Zip	County	
Primary Phone ()	Secondary	_ Secondary Phone ()		
Email				
ADOPTION PREFERENCE				
Species Desired Dog Cat Large				
Optional, list of traits important to you				
HOUSEHOLD INFORMATION				
If response is RENT or LIVE WITH PARENT	S must provid	e contact inforr	nation	
Own a home. Rent. Live with pa	arents			
*Landlord's/Parents' Name				
*Phone Number ()				
List of names of all other individuals currently	y residing in h	ome OVER age	÷ 18	

Please list ALL animals currently	owned, and not owned by you, that a	re in the household		
Name	Species (Dog/Cat)	Spay/Neutered(Yes/No)		
Provide any additional details yo o match you with a good fit for y	u would like us to know about your cu our household	rrent or past pets that will he		
currently use a veterinarian's se	ervices			
What name(s) will veterinary rec	ords be listed under			
eterinary Service Provider(s)				
Name	Phone Number	Phone Number		
		Phone Number		

The next step is to set an appointment to meet with an Elmore SPCA adoption counselor. As part of this process, I authorize Elmore SPCA to contact my landlord and my veterinarian(s). Submitting this form does not guarantee approval.

To schedule an appointment with an adoption counselor, direct schedule at https://tinyurl.com/ydwmm2b2, email to info@elmorespca.org or call 518-353-7755.