



Elmore SPCA

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

Date: _____

Name of the shelter pet you are interested in: _____

If the above pet is not available, your second choice: _____

PERSONAL INFORMATION

Adoption Applicant's Name _____

Are you 18 or older? Yes ___ No ___

Address: _____

City/Town: _____ State: ___ Zip: _____ County: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Email: _____

RESIDENCE

Own a home ___ Rent ___ (*Required) Live with parents ___ (*Required)

*Landlord's/Parents' Name: _____

*Phone 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 (longest)? _____

7. How will the dog be exercised? _____
8. 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 ___
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 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

1. Have you ever given up an animal or surrendered it to an animal shelter? Yes ___ No ___

If **yes**, please explain: _____

2. 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 Applicant 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: _____

Any additional information/comments: _____