



Adoption Application

I am interested in adopting:
 Dog Cat Rabbit Rodent Bird
 Reptile Barnyard Other _____

Date received	
A# / kennel #	
A# / kennel #	
A# / kennel #	
PIN OK? /Initials	

Name _____ Date of birth ____ - ____ - ____ Driver's license # _____

Phone #1 _____ Phone #2 _____ Phone #3 _____

Street Address _____ City _____ State ____ Zip _____

What is your housing situation? Rent Own Live with parents Other _____

House Apartment Mobile Home Condo/Townhome Boat Other _____

Mailing Address _____ City _____ State ____ Zip _____

Previous Address _____ City _____ State ____ Zip _____

Email Address _____

Names of other adults in the household _____

Are there children in the home or children that visit frequently? Yes No Age(s) _____

Do you have permission from your landlord, property owner, and/or other members of the household to adopt an animal? Yes No

Name and phone # of landlord or property owner: _____

May we contact the landlord/property owner? Yes No Later

Current and Past Pets:

Species/Breed _____ Name _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Spayed/Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N Do you still have this pet? <input type="checkbox"/> Y <input type="checkbox"/> N If not, why? _____ Number of years owned _____ Where does/did this pet spend most of his/her time? (ex: the yard, the garage, the house): _____	Species/Breed _____ Name _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Spayed/Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N Do you still have this pet? <input type="checkbox"/> Y <input type="checkbox"/> N If not, why? _____ Number of years owned _____ Where does/did this pet spend most of his/her time? (ex: the yard, the garage, the house): _____	Species/Breed _____ Name _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Spayed/Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N Do you still have this pet? <input type="checkbox"/> Y <input type="checkbox"/> N If not, why? _____ Number of years owned _____ Where does/did this pet spend most of his/her time? (ex: the yard, the garage, the house): _____
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How many hours a day will your new pet be without human companionship? _____

Where will the animal be when you are not at home? _____
(Please provide **specific** information. example: outside in the yard, crate in the kitchen/laundry room, baby gate across the kitchen, free run of the house/ dog door)

Where will the animal be when someone is home? Day? _____ Night? _____
(Please provide specific information. example: free run of the house with dog door, outside in the yard, with me) (crate in kitchen, in my bed, in his/her dog bed)

Do you have a backup plan for your animal if you are unable to care for him/her? Yes No

Please explain? _____

Will you be able to live with hair on your furniture, stains on your rug, a warm body on your bed for the next 10-20 years? Yes No

All pets making the transition into a new home need time to adjust to a new family and surroundings and may require housetraining and behavior training. Are you willing to provide all necessary training? Yes No

What behaviors, if any, would cause you to give up your companion animal? _____

What is your primary reason for wanting an animal? _____

How do you plan to exercise your animal? _____

Dogs: When your dog is outdoors at home, the following will apply: Fenced yard Run or Kennel Runner Tether/Chain/Tie-out
 Invisible Fence Leashed Unfenced acreage Other _____

Rabbits: Where will your rabbit be housed? _____
(Please provide specific information. example: a hutch inside the house, an enclosure in the yard)

Cats: What are your thoughts on declawing? _____

Can you afford veterinary care, grooming, emergency expenses, supplies, and food for the lifetime of this pet? (These expenses can often add up to hundred and occasionally thousands of dollars each year.) Yes No

If you have existing pets, what are your plans for integrating your new pet safely and successfully into the household? _____

How did you hear about us? Friend/Family Volunteer Newspaper Radio TV Web Event Other _____

You and Your Household - Check all that apply.

<p>The role of my pet is:</p> <ul style="list-style-type: none"><input type="checkbox"/> family companion<input type="checkbox"/> protection for my home and family<input type="checkbox"/> hunter<input type="checkbox"/> for the kids<input type="checkbox"/> companion for my other animal<input type="checkbox"/> best friend<input type="checkbox"/> gift for someone else<input type="checkbox"/> status symbol<input type="checkbox"/> to keep/get me fit<input type="checkbox"/> a babe magnet<input type="checkbox"/> other _____	<p>My/our home is like:</p> <ul style="list-style-type: none"><input type="checkbox"/> a library<input type="checkbox"/> a germ-free zone<input type="checkbox"/> a hamster wheel<input type="checkbox"/> a frat house<input type="checkbox"/> a daycare center<input type="checkbox"/> a white picket fence and 2.3 kids<input type="checkbox"/> Dr. Doolittle's house<input type="checkbox"/> a Zen garden<input type="checkbox"/> an empty nest<input type="checkbox"/> a table for one<input type="checkbox"/> other _____	<p>In my free time I/we:</p> <ul style="list-style-type: none"><input type="checkbox"/> hold down the couch<input type="checkbox"/> take strolls on the beach<input type="checkbox"/> take road trips<input type="checkbox"/> take 10 mile hikes (uphill both ways)<input type="checkbox"/> hibernate<input type="checkbox"/> plant perennials / tinker in the shop<input type="checkbox"/> bbq with the neighbors<input type="checkbox"/> go to the dog park<input type="checkbox"/> disco 'til dawn<input type="checkbox"/> cram for finals<input type="checkbox"/> other _____
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I certify that to the best of my knowledge, all the above information is true. I understand SCCAS reserves the right to deny the adoption of any animal. I acknowledge that information regarding the history, health, and behavior of adopted animals may not always be available or accurate.

Applicant signature _____ Date _____