



# 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	

Full (Legal) Name \_\_\_\_\_ Preferred (First) Name \_\_\_\_\_

Driver's license # \_\_\_\_\_ State of issue \_\_\_\_\_ Date of birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 \_\_\_\_\_

Email Address \_\_\_\_\_

**Full 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/property owner**: \_\_\_\_\_

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

**CURRENT + 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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Please complete other side

How many hours per day will your new pet be **left alone** (without people)? \_\_\_\_\_

Where will your **dog/cat be when no one is home** (check all that apply)?  In the yard/outdoors  Indoors  Dog/cat door  Garage  
 In a crate  Wherever s/he wants  Other/details \_\_\_\_\_

Where will your **dog/cat be when someone is home during the day** (check all that apply)?  In the yard/outdoors  Indoors  Dog/cat door  Garage  In a crate  Wherever s/he wants  Other/details \_\_\_\_\_

Where will your **dog/cat be at night** (check all that apply)?  In the yard/outdoors  Indoors  Dog/cat door  Garage  In a crate  Wherever s/he wants  Other/details \_\_\_\_\_

**Rabbits/rodents/“pocket pets”**: Where will your animal be housed (check all that apply)?  Outdoors  Indoors  Garage  Playpen  
 In a hutch/cage/enclosed habitat  Other/details \_\_\_\_\_

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

All pets making the transition into a new home need time to adjust and may require housetraining and behavior training. They can shed, make noise, and need lots of attention. Are you aware of and willing to accommodate these potential issues and needs?  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  Unfenced acreage  
 Tether/Chain/Tie-out  Leashed  Other \_\_\_\_\_

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 will 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><b>The role of my pet is:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> family companion</li><li><input type="checkbox"/> protection for my home and family</li><li><input type="checkbox"/> hunter</li><li><input type="checkbox"/> for the kids</li><li><input type="checkbox"/> companion for my other animal</li><li><input type="checkbox"/> best friend</li><li><input type="checkbox"/> gift for someone else</li><li><input type="checkbox"/> status symbol</li><li><input type="checkbox"/> to keep/get me fit</li><li><input type="checkbox"/> a babe magnet</li><li><input type="checkbox"/> other _____</li></ul>	<p><b>My/our home atmosphere is like:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> a library</li><li><input type="checkbox"/> a germ-free zone</li><li><input type="checkbox"/> a hamster wheel</li><li><input type="checkbox"/> a frat house</li><li><input type="checkbox"/> a daycare center</li><li><input type="checkbox"/> a white picket fence and 2.3 kids</li><li><input type="checkbox"/> Dr. Doolittle’s house</li><li><input type="checkbox"/> a Zen garden</li><li><input type="checkbox"/> an empty nest</li><li><input type="checkbox"/> a table for one</li><li><input type="checkbox"/> other _____</li></ul>	<p><b>In my free time I/we:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> hold down the couch</li><li><input type="checkbox"/> take strolls on the beach</li><li><input type="checkbox"/> take road trips</li><li><input type="checkbox"/> take 10 mile hikes (uphill both ways)</li><li><input type="checkbox"/> hibernate</li><li><input type="checkbox"/> plant perennials / tinker in the shop</li><li><input type="checkbox"/> bbq with the neighbors</li><li><input type="checkbox"/> go to the dog park</li><li><input type="checkbox"/> disco ‘til dawn</li><li><input type="checkbox"/> cram for finals</li><li><input type="checkbox"/> other _____</li></ul>
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I certify that 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** \_\_\_\_\_

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