

Adoption Application  
SPCA-Eastern Shore, Inc.

**Tips to speed up the application process:**

**(1) Be sure that you've thoroughly researched the personality, energy level and requirements of the breed of dog you hope to adopt**

**(2) Call your vet to let them know we'll be calling them**

**(3) Take pictures of your home & yard in anticipation of our virtual tour**

**It can take up to 48 hours for applications to be approved/not approved**

**You must be at least 18 years old in order to adopt**

Adopter's Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Names of other household members (parents, roommates, etc.): \_\_\_\_\_

Mailing address: \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Physical address: \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you 18 years old or older? \_\_\_\_\_ Do you own ( ), or rent ( ), your home. If you rent, do you have permission from your Landlord to have a pet? \_\_\_\_\_

Do children live at this address? \_\_\_\_\_ List children and ages: \_\_\_\_\_

List children's ages who visit frequently: \_\_\_\_\_

Do you or anyone living in your household have any known allergies to animals? \_\_\_\_\_

If yes, to what kind of animals and how severe is the allergy? \_\_\_\_\_

Have you ever owned a pet before? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, what happened to the pet? \_\_\_\_\_

Proper, routine veterinary care can cost a few hundred dollars a year—are you able to make this commitment to your new pet? \_\_\_\_\_

In most cases, it will take up to two weeks for your new pet to adjust to its new home. Are you willing to allow this time for your new pet to get acclimated to its new environment? \_\_\_\_\_

Please list all current pets in household.

Breed	Spay/Neuter	Vaccinated	Kept Where	Time owned
	Yes No	Yes No	In Out	
	Yes No	Yes No	In Out	
	Yes No	Yes No	In Out	
	Yes No	Yes No	In Out	
	Yes No	Yes No	In Out	

Please list all pets you've owned that aren't listed above

Breed	Spay/neutered		Vaccinated		Kept Where		What happened to pet
	Yes	No	Yes	No	In	Out	
	Yes	No	Yes	No	In	Out	
	Yes	No	Yes	No	In	Out	
	Yes	No	Yes	No	In	Out	
	Yes	No	Yes	No	In	Out	

Who is your veterinarian? \_\_\_\_\_

Vet phone number \_\_\_\_\_

If you were to move, what would you do with your pet? \_\_\_\_\_

Have you ever adopted a pet from us? Yes\_\_\_\_\_ No\_\_\_\_\_ Where is that pet now? \_\_\_\_\_

Have you ever surrendered an animal to a shelter/animal facility for any reason? \_\_\_\_\_

If yes, why? \_\_\_\_\_

Application is for: Cat\_\_\_ Kitten\_\_\_ Dog\_\_\_ Puppy\_\_\_ Log # and name \_\_\_\_\_

Where did you see or hear about this pet—Website, Petfinder, Facebook, TV station, Radio, Newspaper, Local Event or visiting our shelter? \_\_\_\_\_

Who will be responsible for the care of this pet? \_\_\_\_\_

How much time do you plan to spend with this pet daily? \_\_\_\_\_

Where will this pet be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_

Where will pet stay when no one is home? \_\_\_\_\_

How many hours will pet spend alone without adult supervision? \_\_\_\_\_ In what areas of the home will your pet be allowed? \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_ If no, how will you exercise your dog? \_\_\_\_\_

How do you plan to prevent: Heartworms? \_\_\_\_\_ Fleas? \_\_\_\_\_ Rabies? \_\_\_\_\_

If this application is for a dog, please check any of the following reasons you want to adopt a dog: \_\_\_family pet, \_\_\_watchdog, \_\_\_hunting dog, \_\_\_child's pet, \_\_\_companion, \_\_\_gift, \_\_\_guard dog, \_\_\_companion for other pet.

Many pets live 12-20+ years. Are you committed to providing for a pet for that length of time? \_\_\_\_\_

Have you ever been convicted of animal cruelty, neglect or abandonment? \_\_\_\_\_

If you rent, please give landlord name \_\_\_\_\_ & phone # \_\_\_\_\_

**The SPCA-ES reserves the right to refuse any application that is not in the best interest of that animal.**

**The SPCA-ES may request to do a home visit before adoption application is approved.**

**By initialing each statement, and signing adoption application, you agree and understand these terms of adoption.**

I MUST take my new pet to the veterinarian of my choice within 7 days of adoption for a well pet check-up. \_\_\_\_\_

I understand that I am responsible for regular and preventive veterinary care of this pet; such as rabies vaccines, heartworm and flea prevention, etc. I also understand that some pets require regular grooming appointments, if they have long hair, which I will have to maintain in order to keep mats from forming, which may lead to harmful conditions for my pet. \_\_\_\_\_

I understand that the SPCA-Eastern Shore does not guarantee the health or temperament of any animal. I release and hold harmless the SPCA-Eastern Shore from any liability which may arise from my adoption of this animal. \_\_\_\_\_

I agree that should it no longer be possible for me to keep this animal, I will return it to the SPCA-Eastern Shore; and further, should this animal become lost, stolen, or die, I will notify the SPCA-Eastern Shore of same. \_\_\_\_\_

I understand that all people in the home must come in to meet the dog I am hoping to adopt. \_\_\_\_\_

In accordance with the Commonwealth of Virginia Code 3.1-796-.96:2 B: Each animal shelter shall obtain a signed statement from each of it's directors, operators, staff, volunteers, animal caregivers and adopters, specifying that the individual has never been convicted of animal cruelty, neglect or abandonment, and each animal shelter shall update such statement as changes occur.

(Please sign below—**DO NOT PRINT**, Please)

I, \_\_\_\_\_, have never been convicted of animal cruelty, neglect or abandonment.

**By signing below, I am attesting to the truthfulness of my answers. Falsification or omission of any of the above information will be grounds for denial of this adoption.**

Adopter Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by SPCA Agent \_\_\_\_\_ Date \_\_\_\_\_

**Staff Use Only**

Landlord approval ( )Yes ( )No	Rabies vax/HW meds current ( )Yes ( )No	Spay/Neuter ( )Yes ( )No
Approved ( )Yes ( )No	Denied ( )Yes ( )No	Reason for denial _____
Applicant notified	Date _____	Staff initials _____
Notes: _____		
_____		
_____		