

Date & Time: _____

ADOPTION APPLICATION

Animal's Name: _____

Animal ID #: _____

FILL OUT THE FOLLOWING APPLICATION IN ITS ENTIRETY

WE DO NOT GIVE REFUNDS ON ADOPTION FEES

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

County: _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

E-Mail Address (Please write clearly): _____

Place of Employment: _____

Type of Housing (Circle One): Single Family Home Apartment Townhome Dorm Farm Mobile Home

Other _____ Rent/Own? _____

Landlord's Name and Phone Number: _____

How long have you lived at this current address? _____

Are you in the process of moving, or anticipate moving in the next few months? _____

If you ever move, have you considered that another place may not allow pets? What will you do if this happens? _____

Why are you choosing to adopt from SVASC? _____

How did you hear about us? (Circle One): Newspaper Facebook Petfinder Friend/Relative Off-Site (PetSmart, Petco, Vet Office)

ADOPTION INFORMATION

What is your past and/or current experience with animals?

_____ 1st time owner _____ Have had 1 or 2 animals as an adult _____ Had an animal as a child _____

Experienced in resolving behavior issues: (Explain): _____

Have you adopted with SVASC before? Y/N If yes, where is pet now? _____

Who will care for this animal primarily? (Feeding, playtime, vet visits) _____

What are some reasons you would relinquish this animal back to SVASC? _____

PREVIOUS AND CURRENT PET INFORMATION

Have you ever had a pet: Run Away _____ Get hit by a car _____ Die in your care _____ Kept as an outdoor pet _____

If so, please explain: _____

Have you ever surrendered any pet to a private rescue or individual? Y/N

If yes, please explain the circumstance: _____

CURRENT PET INFORMATION

Animal Type Cat/Dog/Other	Breed / Name	Age	Gender M/F	Altered Spayed / Neutered Y/N	How long have you owned the animal?	Kept Inside/Outside/ Both?	Up-to- date on vaccines?

PREVIOUS PET INFORMATION

Animal Type Cat/Dog/Other	Breed / Name	Age	Gender M/F	Altered Spayed / Neutered Y/N	How long have you owned the animal?	Kept Inside/Outside/ Both?	Up-to- date on vaccines?

Regular Veterinarian Information: _____

Are you prepared for veterinary care expenses? _____

Would the records be under another name other than the one provided on the front on the application?

If so, please provide name: _____

Do you have other veterinarians that may have records for your current or past pets? _____

If so, please provide their name and contact information: _____

HOUSEHOLD INFORMATION

Please describe your household: (Circle One) Active Noisy Quiet Average Busy Other? _____

Please list the names and ages of ALL people living in the home and their relationship to you (spouse, partner, roommate, daughter, etc.) Failure to fully disclose this information will result in immediate adoption denial.

Name and age: _____

Relationship: _____

Name and age: _____

Relationship: _____

Name and age: _____

Relationship: _____

Name and age: _____

Relationship: _____

Name and age: _____

Relationship: _____

Do children (other than immediate family) ever visit your home? Yes/No If so, how often? _____
Age(s) of the children? _____

Does anyone in the household have allergies to any kind of animals? Yes/No

If so, have they consulted with their doctor about getting an animal? Y/N If so, are they taking medication? Yes/No

Has anyone in your household ever been convicted of animal cruelty, neglect, or abandonment? _____

REFERENCES

Please provide 3 references that we can contact:

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

NEW ANIMAL INFORMATION

*****Please understand that it may take a new animal 2 weeks or more to adjust to a new home and/or to other pets and visitors*****

Where will you keep this animal? (Circle All That Apply): Free run of house Crate in house Inside Animal Outside Animal Inside/Outside Animal Garage Yard with a fence Basement Other (Please explain) _____

How many hours will it spend alone? _____ Would you consider using a crate to confine your new animal? _____

How long will the animal possibly be crated daily? _____

Where will the animal be kept during the day? _____ At night? _____

Why do you want an animal? (Circle All That Apply): Guard Animal Breeding Companionship Children Travel companion Gift for friend or relative Other (Please explain) _____

It is unrealistic to expect a child of any age to assume complete responsibility for an animal. Ultimately the adult(s) of the household are responsible for the complete care of the animals in the home. Are you prepared to take all responsibility for this animal should your child/ren become disinterested? Yes _____ No _____

Please give careful consideration to adopting this animal. Animals are not toys or a short term commitment, they do require daily attention. Make sure your lifestyle allows time, emotional commitment and financial responsibility this animal will need over its life span.

It is the responsibility of the SVASC to place this animal in an environment compatible with its needs and to ensure the adoption is in the best interest of both the animal and applicant. SVASC reserves the right to deny any applicant. SVASC may follow up by phone or in person on any adoption to ensure compliance with the adoption contract.

I certify that I have read the above information and that all information I have given is true and accurate and is subject to verification by SVASC. I understand that any falsification may result in the nullification of an adoption.

Signature

Printed Name

Date

Driver's License State and Number: _____

*****NOTE: WE DO NOT GIVE REFUNDS ON ADOPTION FEES*****

FOR OFFICE USE ONLY

Home ownership/landlord approval _____ Vet check _____ ID check _____ Read evaluation _____

Areas of emphasis that were counseled for this pet: (Circle All That Apply): Indoor/outdoor Vetting Crating Kid restriction Animal restriction Work schedule Pet's activity level/exercise needs Medical conditions OTHER _____

APPROVED

DENIED