

Ohio SPCA
 P.O. Box 546
 Grove City, Ohio 43123
 740-420-2984
 Email: ohiospca@verizon.net

Date Received:	
Approved:	
Not Approved:	
Reason:	
Ohio SPCA Rep:	

APPLICATION TO ADOPT

All questions contained in this application will remain confidential and will be used only by the rescue. Your information will NEVER be sold or given to any other organization.

PERSONAL INFORMATION									
Name:							Email Address:		
Street Address:							City:		
State:		Zip Code:		Daytime Phone:			Evening Phone:		
If you rent or lease does your rental agreement allow pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				Landlord Name:					
				Landlord Phone Number:					
Please list all other people in the Home (please include ages):									
Which animal would you like to adopt?									
Do all family members want to adopt? ___ Yes ___ No					If no, please explain:				
What about this particular animal makes you think it would be a good addition to your family?									
Do any family members have allergies to animals? ___ Yes ___ No				If yes, please explain management plan:					
Vet Name:							Do you have a fenced yard? ___Yes ___ No		
Vet Phone Number:									
Are or would your animal(s) primarily be (check one):		___ exclusively indoors		___ exclusively outdoors					
		___ primarily indoors		___ primarily outdoors					
For dogs: When letting your dog(s) out, they will be:			___ fenced yard ___ run ___ leashed ___ tethered/chained						
For dogs: Dogs will be outside:			___ only with us or to "do their business" ___most of the day ___ part of the day ___ all day ___ all night						
On average, how many hours a day would the animal be without human companionship?									

Where will the animal sleep at night?	
Where will the animal be during the day or night when you are not home?	

Are you aware that animals who enter a new environment may regress (have accidents, be destructive) for a while? Yes No

How would you deal with such behavior?	

If you had to move from your home, what would you do with your animals?	

RESIDENT ANIMALS
(please include all animals currently living at the home)

Name	Species and Breed	Age	Spayed or Neutered?	Up to Date on Vaccinations?
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no explain)
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no explain)
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no explain)
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no explain)
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no explain)
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no explain)

Prior Animals
(please include all animals previously living at the home)

Name	Species and Breed	Reason No Longer Living In Household

Date you would be able to adopt: _____

Are you willing to have a representative from the rescue visit your home? Yes No

Have you ever been convicted of a crime involving domestic violence, sexual assault, child abuse, or animal cruelty? Yes No

Completing this form in no way obligates you to adopt an animal. An OHIO SPCA representative who will answer your questions and review your options will contact you. For more information please contact Teresa Landon at ohiospca@verizon.net or call 740-420-2984.

I hereby certify that the information on this application is true:

Signature: _____

Date: _____