Animal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cat  Dog Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****

**Adoption Application**

\*Incomplete Applications will not be accepted\*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_

How long at this address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Own  Rent  Live with Parents

Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you currently rent OR live with parents, please give us the name of your Landlord or Parents **and** phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently a student?  Yes  No If yes, school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Household consists of: # in Household: \_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Name of Person in Household** | **Date of Birth** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

The activity level in your home: Quiet Active Hectic

Do you have a fenced in yard?  Yes  No

Does any member of your family have allergies to animals?  Yes  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you planning to move any time soon?  Yes  No

If yes, when and where do you plan to move? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what will you do with your new pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE TELL US ABOUT YOUR PET HISTORY

Please check one:  First-time pet owner Had pets growing up Have pets now

Pets **CURRENTLY** in your household:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Name AND Type of Pet** | **Spayed/Neutered** | **Shots up to date** | **Kept Where** | **Time Owned** | **Age** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

Please tell us about your **PREVIOUS** pets (last 5 years):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name AND Type of Pet** | **Spayed/Neutered** | **Kept Where** | **Reason you no longer have pet** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

Name of your Current Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of any Previous/Other Veterinarians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_ (Initials)** I give permission for Ohio SPCA/HS to contact my veterinarian to verify care of present/past pets in my home.

Reason for adopting: (Circle all that apply)

Family Companion

Companion to other animal

Guard/Security/Protection

Gift

Hunting

Mouser

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where will you keep your pet? (Circle all that apply)

House

Garage

Crate/Cage

Patio

Fenced Yard

Chained

Indoor Cat

Outdoor Cat

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_

Your time at home: Rarely (sleep only) At home when not at work Home all day (someone is there)

How many hours per day will your pet spend alone: Weekdays \_\_\_\_\_\_\_\_\_\_ Weekends \_\_\_\_\_\_\_\_\_\_\_

Have you ever adopted from the Ohio SPCA or Humane Society?  Yes  No

Have you ever surrendered a pet to an animal shelter?  Yes  No

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

List any behaviors problems you consider NOT acceptable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you understand that an animal is a lifetime commitment for 10+ years?  Yes  No

Do you understand that declawing a cat after adoption is a breach of contract and

WILL result in 1) seizure of the cat, and 2) a monetary fine?  Yes  No

Are you willing to give your pet at least 6 months to adjust to its new home?  Yes  No

Have you ever lost a pet due to an accident?  Yes  No

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Many rescue animals have unknown medical histories.

Are you prepared to provide and pay for any medical treatment that may occur in the future?  Yes  No

How much do you anticipate spending on veterinary care for this pet per year?

Please circle one: Less than $100 $100-$250 $250-$500 Over $500

How much do you anticipate spending on food, litter, treats/toys, grooming, etc. for this pet per month? Please circle one: Less than $20 $20 $50 Over $50

Are you willing to have a representative from the Ohio SPCA/HS 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 and animal.

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

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

Revised 9/2016; 7/2017