



Adoption Application

Date: _____

PLEASE TELL US ABOUT YOURSELF

Name: _____ Birthdate: ____ / ____ / ____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

How long at this address? _____. Rent--Own--Live with parents (circle one)

If you are a renter, please give us the name of your Landlord/Company and phone Number:

Previous Address: _____

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

Email: _____ Driver's License#: _____

Employer: _____ Employer Address: _____

Are you currently a student? Yes---No (circle one) If yes, School Name: _____

Your household consists of: _____ (number of residents in household)

- () Adults Only () Family with children over 10 yrs old
 () Family with children under 10 yrs old () Seniors 60+ () Live alone

Name of Adults in Household	Date of Birth

What is the activity level in your home: () Quiet () Active () Hectic

Does any member of your family have allergies to animals? () Yes () No If yes, please describe: _____

Are you planning on moving 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 when growing up () Have pets now
 Pets **CURRENTLY** in your household

	Name/Breed	Spayed/Neutered	UTD Shots	Kept Where	Time Owned	Age
1						
2						
3						

Please tell us about your **PAST** pets from the last **5** years:

	Name/Breed	Spayed/ Neutered	Kept Where	Reason you no longer have pet
1				
2				
3				

Name of your Veterinarian: _____ Phone#: _____

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

Reason for adopting? (Circle all that apply) Family Companion Gift Mouser
 Companion to other animal Hunting Guard/Security/Protection
 Other: _____

Where will you keep your pet? (Circle all that apply) House Crate/Cage Fenced-in Yard
Garage Patio Chained In/Outdoor Cat

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

How many hours per day will your pet spend alone: Weekdays:_____ Weekends_____

Do you understand that an animal is a lifetime commitment of 10+ years? () Yes () No

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

Have you ever surrendered a pet to an animal shelter?

If yes, Why?_____ When? _____

List any behavior problems you consider NOT acceptable:_____

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

Will you crate train your new dog? () Yes () No

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

Are you willing to have a representative from the Ohio SPCA 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.

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

Adopter Signature _____

Date: _____