

Hold Until \_\_\_\_\_ (Office Use Only) MEET YOUR MATCH COLOR \_\_\_\_\_

Cage card # \_\_\_\_\_ Pet Description \_\_\_\_\_ Counselor \_\_\_\_\_

## SPCA OF LUZERNE COUNTY – ADOPTION APPLICATION

As a private non-profit organization, the SPCA of Luzerne County reserves the right to refuse any adoption for any reason. In order to place a pet with you that fits your needs, please complete the following. This application is property of the SPCA of Luzerne County.

1. 1<sup>ST</sup> Applicant \_\_\_\_\_ 2<sup>nd</sup> Applicant \_\_\_\_\_
2. Address \_\_\_\_\_ City \_\_\_\_\_ zipcode \_\_\_\_\_ State \_\_\_\_\_
3. County \_\_\_\_\_ Phone numbers \_\_\_\_\_
4. Email Address if applicable \_\_\_\_\_
5. Drivers License/State ID # \_\_\_\_\_ DOB: \_\_\_\_\_
6. If you rent, Please list your Landlord's name and phone number: \_\_\_\_\_
7. Are you in the process of moving, or anticipate moving in the next few months? Yes \_\_\_ No \_\_\_
8. Do you live with your parents? \_\_\_\_\_ Are you 18yr or older? \_\_\_\_\_
9. Do you live in a: House  Trailer  Town Home  Apartment
10. Have you ever adopted from the SPCA? Yes  No  If so, when? \_\_\_\_\_
11. Where is the pet now? \_\_\_\_\_
12. Have you ever surrendered or given away any pet to any animal welfare group, private rescue, or individual person? \_\_\_\_\_ If so, please explain the circumstance? \_\_\_\_\_  
\_\_\_\_\_
13. What would some reasons be if you were to relinquish an animal to the SPCA, e.g. human aggression, housetraining problems, excessive chewing, separation anxiety, etc? \_\_\_\_\_  
\_\_\_\_\_
14. Who is living at home with you? \_\_\_\_\_  
\_\_\_\_\_
15. Where will this pet live during the day? Inside  outside  both
16. Where will this pet live during the night? Inside  outside  both
17. Do you want this pet as a: Companion  Gift  To Breed  Mouser  Protection
18. Do you want this animal to be declawed? Yes  No
19. 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: \_\_\_\_\_
20. The SPCA makes no guarantees about the temperament or the health of any animal, that any comments made about the disposition or health of an animal are based on information provided by the previous owner and are believed to be true. The SPCA is not liable for any future injury or damage, including but not limited to financial cost of veterinarians, insurance or property damage. Are you prepared to take the animal to the veterinarian within 10 to 14 days after adoption? Yes  No
21. Do you understand that if you can no longer afford to keep this pet, it must be returned to the SPCA of Luzerne County, or do a proper transfer of ownership? Yes  No
22. Does anyone in your household have pet allergies? Yes  No
23. Will this pet live outside for any period of the day? Yes  No   
If yes, what shelter do you have? \_\_\_\_\_
24. Will this pet be living : Free roam of home  a crate in home  outside in fenced area   
In a garage  outside chained to home  Inside and outside home

25. Please list any and all animals currently residing with you, or that you have owned in the last 5 years?

Name	Breed	Sex	Neutered/Spayed?	Inside/outside	Where you got the pet?	Where is the pet now?

26. Are you willing to work with chewing with dogs? Yes  No  If so, how? \_\_\_\_\_  
 27. Are you willing to work with house training with dogs? Yes  No  If so, how?  
 \_\_\_\_\_

28. Do you understand State and Local ordinances and laws concerning licensing for dogs? Yes  No   
 Rabies vaccinations for cats and dogs? Yes  No  Leash laws for dogs? Yes  No

29. Are your pets current on vaccinations (received within the last year)? Yes  No

30. Were your pets taken to the veterinarian annually? Yes  No

31. Are your pets spayed or neutered? Yes  No  If no, please explain why:  
 \_\_\_\_\_

32. Who is your veterinarian? \_\_\_\_\_

33. Do you plan to use this vet again? Yes  No  New veterinarian's name \_\_\_\_\_

34. Would the veterinarian's records be under any other name aside from yours (the applicant)? If yes, who?  
 \_\_\_\_\_

35. PLEASE SIGN \_\_\_\_\_ I authorize ANY VETERINARIAN with whom I have done business, to release to the SPCA of Luzerne County ANY and ALL information regarding those business transactions including vaccinations, surgeries, test results.

36. Please list 2 references and their telephone numbers. These references may not be currently with you during this application or residing in the same household.

1. \_\_\_\_\_ 2. \_\_\_\_\_

I hereby certify that the information that I provided above is true and correct. Any false statements will result in denial of my adoption.

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