



Dutchess County SPCA
 636 Violet Avenue
 Hyde Park, NY 12538
 Phone: 845-452-7722 Fax: 845-454-5347
www.dcsPCA.org

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|-------------------------|--------------------------|
| <i>Office Use Only:</i> | |
| <i>Recommended</i> | <input type="checkbox"/> |
| <i>Not Recommended</i> | <input type="checkbox"/> |
| <i>Date:</i> | _____ |

Adoption Information Form

| | | |
|------------------------------------------|-------------------------------------------|---------------|
| Name | | Date of Birth |
| Partner's Name | | Date of Birth |
| Street Address | Mailing Address | |
| City, State, Zip | City, State, Zip | |
| Home Phone | Cell Phone | |
| Occupation | Partner's Occupation | |
| Company | Partner's Company | |
| E-Mail address | Partner's E-Mail address | |
| How long have you lived at this address? | Are you a DCSPCA Member? Yes No | |
| Name of animal you would like to adopt? | Veterinarian/Vet Hospital (Name and Ph #) | |

My reason for adopting this animal is: (check all that apply)
 Companion For children Hunting Gift Other _____

I share my home with _____ adults and _____ children.
 Ages of children: _____
 I have children who visit or live next door. Ages: _____

Who will be responsible for this animal? Myself Partner Both Children All

This animal will be left alone for _____ hours a day.

Are you a frequent traveler? Yes No
 If yes, where will the animal stay while you are away? _____

Where will the animal live most of the time? Inside Outside
 When the animal is inside they will be left: (check all that apply)
 Crated Room Basement Loose Tied
 When the animal is outside they will be left: (check all that apply)
 Fenced yard Invisible Fence Tied Runner Walked Loose Supervised Loose

What types of animals have you or your partner lived with in the last 5 years:

| Name | Type | Age | Sex | Spayed/Neutered | Where is the animal now? |
|------|------|-----|-----|-----------------|--------------------------|
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If in the event you need to move/relocate, are you willing to find a place that will allow you to bring the animal with you?
 Yes No

If you cannot, are you willing to return the animal to the DCSPCA? Yes No

Do you own or rent? What type of residence? Apartment Camp Condo House Trailer

If you rent, have you obtained permission from your landlord to house this animal? Yes No

If adopting a dog/puppy, please fill out the following:

How do plan to train this dog? _____

Will you enroll this dog in an obedience class? Yes No

Are you willing to housebreak this dog? Yes No

How long do you think it will take? _____

Are you willing to give this dog 1-2 months to adjust to a new home and routine? Yes No

If adopting a cat/kitten, please fill out the following:

Do you plan to declaw this cat? Yes No Are you willing to teach this cat where to scratch? Yes No

How do plan to train this cat? _____

Do you plan to let this cat outside? Yes No

Are you willing to give this cat 1-2 months to adjust to a new home and routine? Yes No

I give my veterinarian, _____, permission to release any and all medical information about my animals to the DCSPCA.

For the purpose of adopting, the undersigned certifies that the above statements are true and complete. The DCSPCA retains the right to deny an adoption due to false information, or if the staff believes that it is in the best interest of the animal.

Adopter's Signature _____ Print Name _____

Date _____ DCSPCA Representative _____