



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

<i>Office Use Only:</i>
<i>Recommended</i> 
<i>Not Recommended</i> 
Date: _____

## Adoption Information Form

Your Full Name		Date of Birth
Partner's Name		Date of Birth
Street Address	Mailing Address	
City, State, Zip	City, State, Zip	
Home Phone	Cell Phone	
Employer	Partner's Employer	
Occupation	Partner's Occupation	
E-Mail address	Partner's E-Mail address	
How long have you lived at this address?	Have you adopted from DCSPCA before? 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

Where will the animal live most of the time?  Inside     Outside

This animal will be left alone for \_\_\_\_\_ hours a day.

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

Are you a frequent traveler?  Yes     No

If yes, where will the animal stay while you are away? \_\_\_\_\_

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?

In the event you need to move/relocate, do you intend to find a place that will allow you to bring the animal with you?  
 Yes  No

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

Do you  own or  rent? What type of residence?  Apartment  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 you plan to train this dog? \_\_\_\_\_

Are you interested in enrolling this dog in an obedience class?  Yes  No

How do you plan to housebreak this dog (if necessary) ? \_\_\_\_\_

Do you agree that it may take 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

How do you plan to introduce this cat to other resident cats if you have them? \_\_\_\_\_

Do you plan to let this cat outside?  Yes  No

Do you agree that it may take 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 \_\_\_\_\_