



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

Office Use Only Approved [] Denied [] Date: _____ Initials: _____
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Adoption Application

Name		Date of Birth	
Partner's Name		Partner's Date of Birth	
Street Address		Mailing Address	
City, State, Zip		City, State, Zip	
Home Phone		Cell Phone	
Email Address		Partner's Email Address	
Occupation & Company		Partner's Occupation & Company	
How long have you lived at this address?		Are you a Veteran?	DCSPCA Member?
		Yes No	Yes No
Name of animal you'd like to adopt?		Veterinarian/Vet Hospital (Name & Phone)	

Reason for adopting this animal? _____

Have you or your partner ever applied to adopt (or adopted) an animal from this shelter? []Yes []No

If yes, what was the animals name? _____

Is anyone in the home allergic to animals? []Yes []No []Unsure

Please list the name and age of all occupants in the home (including children):

Please list all animals currently in your home?

Name	Species	Age	Sex	Spayed/Neutered	Where is this animal now?

Do you have children who visit your home? Yes No Ages: _____

Who will be responsible for this animal while you're away? (List all persons) _____

Are you a frequent traveler? Yes No

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

In the event you need to move/relocate, do you intend to bring this animal with you? Yes No

Do you own or rent? Own Rent Housing Type: House Apartment Mobile Home Other: _____

If you rent, please provide:

Landlords Name _____ **Landlords Phone #** _____

If you cannot keep the animal for any reason, please acknowledge that you agree in accordance with the adoption contract, that you will return the animal to the DCSPCA.

I agree

Fill out this section if applying for a DOG

How many hours a day will this dog be left alone? _____

When the dog is left alone, where will it be left? (e.g., in a crate, tied outside, etc.)

Do you have or have you had a dog with behavioral problems? Yes No

If so, please describe _____

Do you plan to train this dog? How so? _____

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

Do you acknowledge that it can take up to 2 months for a dog to adjust to a new home? Yes No

Fill out this section if applying for a CAT

Have you ever had a declawed cat? _____

How many hours a day will this cat be left alone? _____

Will this cat be:

Indoors

Outdoors

Both

When left alone, where will this cat be kept? (e.g. in a crate, outside, free in the house)

Describe your plan to introduce this cat to the other animals in your home:

Do you acknowledge that it can take up to 2 months for a cat to adjust to a new home? Yes No

Fill out this section if applying for a SMALL MAMMAL/POCKET PET

How many hours a day will this animal be left alone? _____

Where will this animal be housed? (e.g. inside the home in a cage, in an outdoor pen, etc.)

When left alone, where will this animal be kept?

If caged, how often do you plan to take this animal out for playtime and exercise?

Do you acknowledge that it can take up to 2 months for an animal to adjust to a new home? Yes No

Please list at least 3 references in the spaces below.

Name	Phone #	Relationship

I give my veterinarian, _____, permission to release any and all medical information about my animals past and present 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 any adoption due to false information, or if the staff believes that it is in the best interest of the animal.

Adopters Signature: _____ **Print Name:** _____

Date: _____ **DCSPCA Staff Signature:** _____