



# Finger Lakes SPCA

Serving Steuben County and the Finger Lakes Region

7315 State Route 54  
Bath, New York 14810  
(607)-776-3039

## Adoption Application

Thank you for visiting the Finger lakes SPCA today. We ask that you fill out this form so our Adoption Counselors can ensure that the animal you are interested in adopting is best suited to you, your home and lifestyle.

Adopter's Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

If not employed who will be financially responsible for this pet? \_\_\_\_\_

Do you live in a:  House  Apartment  Dormitory  Duplex/Townhouse  With Parents  
 Mobile Home - Name of Park \_\_\_\_\_

Do you rent?  Yes  No If Yes, Landlord's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a 1<sup>st</sup> time dog owner?  Yes  No

Are you a 1<sup>st</sup> time cat owner?  Yes  No

Had pets in the past?  Yes  No

Do you currently own any animals?  Yes  No (If yes, are they current on Rabies and Distemper Shots) \_\_\_\_\_

Please list the pets you currently own or have owned within the past 5 years. Begin with most recent.

Type or Breed of Pet	Age	Sex	Licensed? (if dog)	Spayed or Neutered?	If no longer owned, what happened to your pet?

Reason(s) for wanting this pet(s) (check all that apply):

Companion Pet  Gift  To Breed  Guard Dog  Hunting  For my Children  Mouser  
 Other Please specify: \_\_\_\_\_

What is the name of your veterinarian or vet clinic? \_\_\_\_\_

Does any member of your household have allergies?  Yes  No

How many children in the household? \_\_\_\_\_ Ages? \_\_\_\_\_

How many adults in the household? \_\_\_\_\_

It is estimated that veterinary care for a pet (distemper boosters, de-worming, and annual physical) is ~\$500 per year or \$5 a week. Visits for sickness or injury would be more. Are you able and willing to invest this money in your pet?  Yes  No

If you move, are you willing to find a location where animals are allowed?  Yes  No

Approximately, how many hours a day will the pet be left alone? \_\_\_\_\_

When left alone where will this pet be kept? During the day? \_\_\_\_\_  
During the night? \_\_\_\_\_

If adopting a dog, how will he/she be confined to your property?  
 Fenced Yard  Kennel  Chained  Runner Line

How will you exercise your dog? \_\_\_\_\_

Do you plan on taking an obedience class?  Yes  No

How do you plan to have your pet relieve itself?  
 Leash  Yard  Litter Box  Just let out

Are you willing to care for this pet for his/her lifetime?  Yes  No

Have you adopted from the FLSPCA before?  Yes  No

How did you become aware of the Finger Lakes SPCA? \_\_\_\_\_

What prompted your visit today? \_\_\_\_\_

By signing this form, I affirm that the information contained is true to the best of my knowledge. I understand that Finger Lakes SPCA Adoption Counselors may approve or deny an adoption based on this or other information obtained during my visit. Should I be approved for adoption, I agree to a commitment of approximately 20 years of time and money to my adopted pet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Age	Sex	Licensed? (if dog)	Spayed or Neutered?	Type or Breed of Pet

**FOR STAFF USE ONLY**

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

Counselor(s): \_\_\_\_\_

Animal Name: \_\_\_\_\_ Animal Number: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Comment's: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_