



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 1st time dog owner? Yes No

Are you a 1st 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: _____
