

Finger Lakes SPCA

SERVING STEUBEN COUNTY

72 Cameron St, Bath, NY 14810 607-776-3039 NYS Shelter Registration #RR157 www.fingerlakesspca.org

ADOPTION APPLICATION

Thank you for your interest in adopting. The Finger Lakes SPCA screens applicants to ensure that our animals are placed with new households who will properly provide for their care and well-being. We want to match our animals with homes in which they can flourish. Filling out an application does not guarantee an adoption. Please do not fill out this form if your intention is to gift an animal to someone outside your own household. We only adopt directly to the new companion.

PERSONAL INFORMATION

Date Please prin	t clearly!		
Name	Co-applicant		
Address	Town		_ Zip
How long have you been at this address?	_ Phone	Cell _	
E-mail	_ Number of adults i	n household	Children
Anyone in the house have allergies?YesNo)		
Current Employer			Phone
If not employed, how will you pay for your animal's	care?		
Do you rent?YesNo If yes, landlord's nam	ne	P	Phone
Do you live in aHouseApartmentDu	uplex/Townhouse	Dormitory	_Mobile Home
Are you planning to move?YesNo If yes,	Willing to find location	on where pets al	lowed?YesNo
INFORMATION ABOUT YOUR DESIRED ANIMAL Tell us the reason(s) for wanting this animal (check a	all that apply		
		_	
Companion PetGuard Dog			
Companion for current animal Other	?		
Approximately how many hours a day will the anima	al he alone?		

When left alone, where will the animal be kept? At night?						
If you go on vacation, what will you do with your animal?						
INFORMATION ABOUT	ANY C	JRRENT	T ANIMALS			
Are you a1 st	time d	og owi	ner?1 st t	ime cat owner? Ha	ad animals in the past?YesNo	
Does your househole	d curre	ntly in	clude animals	?YesNo	In the past 5 years?YesNo	
Please list the anima	als you o	curren	tly own or hav	ve owned in the pa	st 5 years. Begin with the most recent.	
Type or Breed	Age	Sex	Spayed or	Up to date with	If no longer owned, what happened?	
			Neutered?	Vaccines?		
What is the name of	your V	et/Vet	erinary Clinic	?	Phone	
				?	Phone	
Your Desired Anima	al's Fut	ure Li	<u>FE</u>			
Your Desired Anima An estimate of basic	AL's Fu ī veterir	T <mark>URE Li</mark> narian	FE care on a yea	rly basis (an annual	visit with vaccinations up to date) is \$500.	
Your Desired Anima An estimate of basic Visits for sickness or	AL'S FUT veterir	rure Li narian are usi	FE care on a yea ually more. Ar	rly basis (an annual e you willing and a		
Your Desired Anima An estimate of basic Visits for sickness or If adopting a dog, ho	AL'S FUT veterir injury a	TURE LI narian are usu s/he b	FE care on a yea ually more. Ar e confined to	rly basis (an annual e you willing and a your property?	visit with vaccinations up to date) is \$500. ble to invest this money?YesNo	
Your Desired Anima An estimate of basic Visits for sickness or If adopting a dog, hoFenced \(\)	AL'S FUT vetering injury a ow will s	TURE LI narian are usu s/he bo _Alwa	FE care on a yea ually more. Ar e confined to ys on leash _	rly basis (an annual e you willing and a your property? KennelRunr	visit with vaccinations up to date) is \$500. ble to invest this money?YesNo ner lineChained	
Your Desired Anima An estimate of basic Visits for sickness or If adopting a dog, hoFenced N How will you	veterir injury a ow will s fard u exerci	TURE LI narian are usu s/he bo _Alwa se you	FE care on a yea ually more. Ar e confined to ys on leash _ ir dog?	rly basis (an annual re you willing and a your property? KennelRunr	visit with vaccinations up to date) is \$500. ble to invest this money?YesNo	
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Your Desired Anima An estimate of basic Visits for sickness or If adopting a dog, ho Fenced Y How will you Do you plan If adopting a cat, do	AL'S FUT vetering injury a ow will s Yard u exerci on taki	TURE LI narian are usu s/he bo _Alwa se you ng obe	FE care on a year ually more. Ar e confined to ys on leash _ ir dog? edience class? he cat	rly basis (an annual re you willing and a your property?KennelRunr PYesNo _Staying Inside Being confined to	visit with vaccinations up to date) is \$500. ble to invest this money?YesNo mer lineChained _Being allowed to roam	

References (No Family Members) Name Phone Name Phone All personal information on this form will be kept strictly confidential. Completed applications may be handed in at the time of your visit, mailed to us, or e-mailed to kayla@fingerlakesspca.org. ATTESTATIONS By signing this document, I/we (initial each): Understand that the FLSPCA Adoption Counselors may approve or deny an adoption based on this or other information obtained during my visit. Authorize my references, landlord (if applicable), and veterinarian to be contacted. This includes explicitly giving the FLSPCA permission to access my current animals' medical information from the veterinarian listed above. Accept all risks associated with the handling of animals during the adoption process. Understand that this document will be kept on file at the FLSPCA. I affirm that all the information I have given is true to the best of my ability and understand that giving any false statements may result in my application being denied. Signature Date Print Name Phone # # # # # # # # # # # # # # #	If yes, what was the reason?	
Name	<u>References</u>	
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Animal Name Number Counselor Approved Denied		# # # # # # #
Counselor Denied	FLSPCA Staff only below	
	Animal Name	Number
Comments:	Counselor	ApprovedDenied
	Comments:	

September 2023