



Finger Lakes SPCA

SERVING STEUBEN COUNTY

72 Cameron St, Bath, NY 14810

607-776-3039

www.fingerlakesspca.org

NYS Shelter Registration #RR157

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 print clearly!

Name _____ Co-applicant _____

Address _____ Town _____ Zip _____

How long have you been at this address? _____ Phone _____ Cell _____

E-mail _____ Number of adults in household ____ Children _____

Anyone in the house have allergies? Yes No

Current Employer _____ Phone _____

If not employed, how will you pay for your animal's care? _____

Do you rent? Yes No If yes, landlord's name _____ Phone _____

Do you live in a House Apartment Duplex/Townhouse Dormitory Mobile Home

Are you planning to move? Yes No If yes, Willing to find location where pets allowed? Yes No

INFORMATION ABOUT YOUR DESIRED ANIMAL

Tell us the reason(s) for wanting this animal (check all that apply):

Companion Pet Guard Dog Mouser Hunting For my children Gift

Companion for current animal Other? _____

Approximately how many hours a day will the animal be 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 CURRENT ANIMALS

Are you a . . . ___1st time dog owner? ___1st time cat owner? Had animals in the past? ___Yes ___No

Does your household currently include animals? ___Yes ___No In the past 5 years? ___Yes ___No

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

Type or Breed	Age	Sex	Spayed or Neutered?	Up to date with Vaccines?	If no longer owned, what happened?

What is the name of your Vet/Veterinary Clinic? _____ Phone _____

YOUR DESIRED ANIMAL'S FUTURE LIFE

An estimate of basic veterinarian care on a yearly basis (an annual visit with vaccinations up to date) is \$500.

Visits for sickness or injury are usually more. Are you willing and able to invest this money? ___Yes ___No

If adopting a dog, how will s/he be confined to your property?

___Fenced Yard ___Always on leash ___Kennel ___Runner line ___Chained

How will you exercise your dog? _____

Do you plan on taking obedience class? ___Yes ___No

If adopting a cat, do you plan on the cat . . . ___Staying Inside ___Being allowed to roam

___Being confined to a barn/garage/workshop

Have you ever adopted from a Shelter or Rescue before? ___Yes ___No Where? _____

Have you ever surrendered a pet or given a pet away? ___Yes ___No

If yes, what was the reason? _____

REFERENCES

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 _____

#

FLSPCA Staff only below

Animal Name _____ Number _____

Counselor _____ Approved _____ Denied _____

Comments:

September 2023