



SPCA of Southwest Michigan

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Dog/Puppy Adoption Application

The first step in the process of adopting a pet from the SPCA is to complete this application. The application provides important information. Working with you, we will be able to determine if the adoption is in the pet's best interest, and the process ensures that you will find a pet well-suited to your lifestyle. **Please provide detailed information for all questions.**

Our adoption fee includes the cost for vaccinations and other medical care; the spaying or neutering of the animal; and an adoption service charge. If the pet you have chosen has not yet been spayed or neutered, you may be able to take it home with you, but this will require you to sign an Early Release agreement with the SPCA, a binding legal document that commits you to sterilize the pet at an appropriate age.

To qualify for adoption, you must:

- Be at least 18 years old and have a valid driver's license or state Identification Card stating your current address
- Have the knowledge and consent of a landlord, if relevant
- Be able and willing to spend the time and money necessary to provide medical treatment, proper nourishment and care, and training for a pet

Name of the pet(s) you are interested in: _____

Personal Information

Please note: We reserve the right to refuse adoption to anyone. No pet will be adopted to persons who mislead or fail to provide accurate information on this application.

Name: _____ Date: _____

Home Address/Address Where Pet Will Live: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Spouse/Partner Name: _____

Email Address: _____

Your age _____ ID/Driver's License # _____

Employment Information

Are you currently (check all that apply): Employed full time Employed part time Unemployed

Student Retired Other, please explain: _____

If employed, name of employer _____ job title/line of work _____

How long with present employer? _____ If a student, where? _____

Spouse/partner occupation _____

Spouse/partner employer _____ How long there? _____

Family Information

How many adults live in your home other than yourself? Please list names and ages: _____

How many children live in your home? Please list names and ages: _____

Are ALL members of your household aware of and in agreement with this adoption? If not, please list who is not in favor of the adoption and the nature of their concern or objection:

Home Information

Do you own or rent your home? House? Condo? Mobile? Apartment?

How long at current address? _____ If less than 2 years, what was your previous address?

If you rent, does your lease allow pets? Yes No Don't know. How many pets? _____

Required: Name and phone of landlord _____

Do you have a fenced yard? Yes No If yes, what type of fence and how high? _____

Do you plan on moving in the foreseeable future? If so, where will you move, and why? _____

Adoption Information

Why do you wish to adopt this pet? Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Love animals, want to help a pet in need | <input type="checkbox"/> Feel sorry for the animal |
| <input type="checkbox"/> Companionship | <input type="checkbox"/> The animal is so cute I just can't leave it behind |
| <input type="checkbox"/> My children will learn to be responsible for/care for another creature | <input type="checkbox"/> Gift for someone. If so, whom? _____ |
| <input type="checkbox"/> Want to breed | <input type="checkbox"/> Companion for another pet |
| <input type="checkbox"/> Looking for guard dog for home/property. If checked, please explain: _____ | |

What types of dog do you wish to give a permanent home to? Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Friendly dog | <input type="checkbox"/> Dog with special medical needs |
| <input type="checkbox"/> Shy or timid dog | <input type="checkbox"/> Senior dog |

High-energy dog

Physically challenged or handicapped dog

Dog that needs training

What is your preferred level of exercise with the dog? Check all that apply:

Couch potato

Vigorous walks

Yard exercise

Hiking/jogging

Short walks

What strong preferences do you have in dog?

Female

Short hair

Breed _____

Male

Non-shed/hypoallergenic

Size/weight _____

Long hair

Age range _____

Color _____

Do you have a second or third choice among the pets available to you today? _____

Vet Care

What is your estimate of the cost for annual routine vet care for the pet you wish to adopt? _____

Please provide a description of what you consider to be routine vet care: _____

Who is your current or past veterinarian? _____

Would you allow us to speak with your vet to obtain information on the health care of your pets? Yes No

Current and Past Pets

What pets do you currently have? List all. Exclude fish.

Pet Name	Type of Animal	Where Obtained?	How Old?	Spayed/Neutered?

Are your current pets spayed or neutered? Yes No If no, why not? _____

Do your current pets wear identification tags? Yes No If no, why not? _____

Are your current dogs licensed? Yes No If no, why not? _____

Are your pet's vaccinations current? Yes No If no, why not? _____

If dog(s), heartworm preventive? Yes No If no, why not? _____

If cat(s), have they been tested for feline leukemia? Yes No Unsure

Please tell us about the animals you have owned **in the past**, who are no longer with you.

Animal Name	Type of Animal	How Old?	Deceased?	If alive, where and why

Please tell us about the pet's weekly schedule as it relates to your schedule. Which hours during the day will your pet routinely be home alone? For example, if everyone is at work between 8 – 4 on Monday, you would write 8 – 4 in the Monday box.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

When inside, how do you plan to keep your pet? Check all that apply:

- Free inside house Confined to crate Inside a closed room

When outside, how do you plan to keep your pet? Check all that apply: N/A, indoors only

- Tie-out chain Garage Patio area Invisible fence Fenced yard
 Outside dog run Leash and regular walks Loose in yard unattended
 Other, please explain: _____

Where will your pet be kept during the day? _____ At night? _____

Training and Behavior

How will you introduce your new pet to any existing pets? _____

Which of the following behaviors or characteristics present a problem for you?

- Jumping on furniture Chewing on shoes/furniture Shedding
 Barking/howling Jumping on people Digging

How do you plan to handle these issues? _____

Will you consider taking your dog to training classes? Yes No

Responsibility

Who will be primarily responsible for the care of the pet? _____ How old is this person? _____

If your pet(s) were to survive you, what would happen to them? Who would take responsibility for them? _____

Have you ever taken a pet to the pound? Yes No If yes, why? _____

How long will you keep the pet you are planning to adopt? _____

If you move in the future, what will you do with the pet you plan to adopt? _____

What would cause you to return the pet to the SPCA at some time in the future? (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Can't housebreak the pet | <input type="checkbox"/> Pet develops a serious medical condition that I can't afford to treat |
| <input type="checkbox"/> Pet chews on furniture or is destructive | <input type="checkbox"/> Found out I just don't like the pet |
| <input type="checkbox"/> Pet bites someone | <input type="checkbox"/> Too much energy, hard to control |
| <input type="checkbox"/> New pet doesn't get along with existing pet(s) | <input type="checkbox"/> Can't afford the pet |
| <input type="checkbox"/> Changed my mind about caring for pet | <input type="checkbox"/> Change in relationship, new love interest doesn't like pets |
| <input type="checkbox"/> Dog proves to be too much on top of caring for children | <input type="checkbox"/> Give birth to new baby, fear that the dog will harm him or her |
| <input type="checkbox"/> Divorce, death of spouse/partner | <input type="checkbox"/> Kids go away to school, don't want to care for pet |
| <input type="checkbox"/> Found out I'm not a "dog person" | <input type="checkbox"/> Life change such as new job |
| <input type="checkbox"/> Other, please describe: _____ | |

If you are no longer able to keep the animal you adopt, do you agree that you must either return the animal to the SPCA or find a suitable new home for it and notify the SPCA of the change in ownership? Yes No

Furthermore, do you agree that if you cannot keep the animal you adopt, you must house this animal until a suitable new home is available or until foster home space opens up in the SPCA? Yes No

How did you learn about our adoption program or event? Please check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> SPCA foster home, volunteer _____ | <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> Repeat adopter |
| <input type="checkbox"/> Vet referral. Which vet? _____ | <input type="checkbox"/> Internet search | <input type="checkbox"/> Saw sign out front |
| <input type="checkbox"/> Pet supply store. Which store? _____ | <input type="checkbox"/> petfinder.com | <input type="checkbox"/> Word of mouth, friend, etc. |

The above statements are true to the best of my knowledge.

Signature _____

Date _____