



**ADOPTION APPLICATION**

We require proof of address. If your current photo ID does not have the correct address we will require a secondary item with the correct address. If you rent your home, please ensure you are allowed to have the type of pet you are applying for. Please check into size or breed restrictions before applying.

**CLIENT INFORMATION**

Have you adopted from the PSPCA before? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Physical Address \_\_\_\_\_ Apt: \_\_\_\_\_

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

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

As an adopter you are responsible for checking into additional security fees, insurance cost, etc. that you may become responsible for when adopting a pet. Do you accept that responsibility? \_\_\_\_\_

Names of adults in the house: \_\_\_\_\_

Is everyone comfortable with adopting an animal? \_\_\_\_\_

Do you have children living in the home? Yes \_\_\_\_\_ No \_\_\_\_\_ The ages? \_\_\_\_\_

Are there children that regularly stay at the home? (Partial custody?) \_\_\_\_\_

What are the ages? \_\_\_\_\_

Have the children been around the type of animal you are interested in adopting before? \_\_\_\_\_

Is anyone in the home allergic to animals? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

**Current Pet Information**

<u>Name</u>	<u>Species</u>	<u>Age</u>	<u>Indoor/Outdoor</u>	<u>How long have you owned</u>	<u>Spayed/neutered</u>

Please fill this out as completely as possible

Do you currently have a veterinarian? If so who? \_\_\_\_\_

Are your pets up to date on vaccinations? \_\_\_\_\_

Are you financially willing and able to provide annual vaccinations, exams and routine medical care?  
This is an annual commitment that could range from \$200 to \$400? \_\_\_\_\_

Please list any animals that are no longer with you and explain why. \_\_\_\_\_

\_\_\_\_\_

Why are you looking for a new pet? \_\_\_\_\_

Are you familiar with crate training and are you willing to try it? \_\_\_\_\_

Have you ever brought a new pet into a home with an existing pet and if so, how did you do it? \_\_\_\_\_

\_\_\_\_\_

Please check any behavior issues you have dealt with before

Resource guarding _____	Food Aggression _____	Leash Biting _____
Fear of Strangers _____	Pulling, jumping _____	Seperation Anxiety _____

How long will your new pet be outdoors? \_\_\_\_\_

Please check all ways the animal will be outdoors

Supervised in yard ____	Tethered or chained ____	Unattended in yard ____
Walked on leash _____	Guarding property ____	Walked on leash _____

Please list any animals you have surrendered to a shelter or animal control \_\_\_\_\_

\_\_\_\_\_

Agreement:

By signing this form, I acknowledge that all information on this form is true and correct. I understand that any misrepresentation of the facts may result in the PSPCA refusing adoptions privileges to me. I authorize the PSPCA to contact all veterinarians listed on the application.

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



The Advocate for Animals  
SINCE 1867

# CAT ADOPTER SURVEY

FIRST NAME:	LAST NAME:		DATE:	
ADDRESS:				APT #:
CITY:	STATE:	ZIP CODE:		
HOME PHONE:	CELL PHONE:	EMAIL:		
I have owned a cat before:	YES	NO		
I like a cat that prefers to live...	Inside	Outside		
My house is...	Library quiet	Both quiet and busy	Carnival crazy	
I want my cat to interact with house guests...	Rarely	Sometimes	Often	
I love a cat that's boisterous and gets into everything.	Yes	Maybe	No	
My cat needs to get along with... (circle all that apply)	Dogs	Cats	Birds	Other
My cat needs to get along with... (circle all that apply)	Children under 8.	Tweens	Teens	Elderly
My cat needs to be able to be alone (Per day)	4 hours or less	4-8 hours	Over 9 hours	12+ hours
I want a cat that will... (circle all that apply)	Nap in my lap	Enjoy being held	Play with toys	Be a loner
I like a cat that is talkative...	All of the time	Some of the time	Rarely	Never
It's most important that my cat _____				