

Hold Until _____ (Office Use Only) MEET YOUR MATCH COLOR _____

Cage card # _____ Pet Description _____ Counselor _____

SPCA OF LUZERNE COUNTY – ADOPTION APPLICATION

As a private non-profit organization, the SPCA of Luzerne County reserves the right to refuse any adoption for any reason. In order to place a pet with you that fits your needs, please complete the following. This application is property of the SPCA of Luzerne County.

1. 1ST Applicant _____ 2nd Applicant _____
2. Address _____ City _____ zipcode _____ State _____
3. County _____ Phone numbers _____
4. Email Address if applicable _____
5. Drivers License/State ID # _____ DOB: _____
6. If you rent, Please list your Landlord's name and phone number: _____
7. Are you in the process of moving, or anticipate moving in the next few months? Yes ___ No ___
8. Do you live with your parents? _____ Are you 18yr or older? _____
9. Do you live in a: House Trailer Town Home Apartment
10. Have you ever adopted from the SPCA? Yes No If so, when? _____
11. Where is the pet now? _____
12. Have you ever surrendered or given away any pet to any animal welfare group, private rescue, or individual person? _____ If so, please explain the circumstance? _____

13. What would some reasons be if you were to relinquish an animal to the SPCA, e.g. human aggression, housetraining problems, excessive chewing, separation anxiety, etc? _____

14. Who is living at home with you? _____

15. Where will this pet live during the day? Inside outside both
16. Where will this pet live during the night? Inside outside both
17. Do you want this pet as a: Companion Gift To Breed Mouser Protection
18. Do you want this animal to be declawed? Yes No
19. Have you ever had a pet: Run away Get hit by a car Die in your care
Kept as an outdoor pet If so, please explain: _____
20. The SPCA makes no guarantees about the temperament or the health of any animal, that any comments made about the disposition or health of an animal are based on information provided by the previous owner and are believed to be true. The SPCA is not liable for any future injury or damage, including but not limited to financial cost of veterinarians, insurance or property damage. Are you prepared to take the animal to the veterinarian within 10 to 14 days after adoption? Yes No
21. Do you understand that if you can no longer afford to keep this pet, it must be returned to the SPCA of Luzerne County, or do a proper transfer of ownership? Yes No
22. Does anyone in your household have pet allergies? Yes No
23. Will this pet live outside for any period of the day? Yes No
If yes, what shelter do you have? _____
24. Will this pet be living : Free roam of home a crate in home outside in fenced area
In a garage outside chained to home Inside and outside home

25. Please list any and all animals currently residing with you, or that you have owned in the last 5 years?

Name	Breed	Sex	Neutered/Spayed?	Inside/outside	Where you got the pet?	Where is the pet now?

26. Are you willing to work with chewing with dogs? Yes No If so, how? _____

27. Are you willing to work with house training with dogs? Yes No If so, how?

28. Do you understand State and Local ordinances and laws concerning licensing for dogs? Yes No

Rabies vaccinations for cats and dogs? Yes No Leash laws for dogs? Yes No

29. Are your pets current on vaccinations (received within the last year)? Yes No

30. Were your pets taken to the veterinarian annually? Yes No

31. Are your pets spayed or neutered? Yes No If no, please explain why:

32. Who is your veterinarian? _____

33. Do you plan to use this vet again? Yes No New veterinarian's name _____

34. Would the veterinarian's records be under any other name aside from yours (the applicant)? If yes, who?

35. PLEASE SIGN _____ I authorize ANY VETERINARIAN with whom I have done business, to release to the SPCA of Luzerne County ANY and ALL information regarding those business transactions including vaccinations, surgeries, test results.

36. Please list 2 references and their telephone numbers. These references may not be currently with you during this application or residing in the same household.

1. _____ 2. _____

I hereby certify that the information that I provided above is true and correct. Any false statements will result in denial of my adoption.

Sign _____ Date: _____