



ADOPTION APPLICATION

If you are considering adopting an animal from us, please complete the following.

SPCA of NE NC, reserves the right to refuse adoption to anyone who fails to comply with the SPCA of NE NC guidelines. **FAILURE TO PROVIDE CORRECT AND OR COMPLETE INFORMATION MAY CAUSE THE APPLICATION TO BE DENIED.**

In order to be considered as an adopter you must:

1. Be 18 years of age or older.
2. Have identification showing your current address.
3. Have the knowledge and consent of your landlord or home owner (if applicable).
4. Be able and willing to spend the time and money necessary to provide medical treatment, and proper care for a pet.

Please complete the following:

Name of Applicant: _____ Date: _____
 Name of Spouse/Partner: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (Home) _____ (Work) _____
 County of Residence: _____
 Driver's Licence Number: _____

Please answer the following questions.

1. Have you ever adopted from us in the past? **YES NO**
 If yes, When? _____ Was pet a **CAT DOG**

2. Please list presently owned animals:

CAT/DOG	AGE	YEARS OWNED	SPAYED/ NEUTERED		WHERE KEPT	
			Yes	No	Inside	Outside
_____	_____	_____	Yes	No	Inside	Outside
_____	_____	_____	Yes	No	Inside	Outside
_____	_____	_____	Yes	No	Inside	Outside
_____	_____	_____	Yes	No	Inside	Outside

Are they current on all vaccinations including rabies vaccination? **Yes No**

3. How many people are in your household? _____ Do they all agree upon having a Dog or Cat as part of your household? **Yes No**

4. Do you have any small children? _____ Please give ages: _____

5. Does any member of your family have allergies to Dogs or Cats? **Yes No**

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6. Why do you want adopt a pet? (Circle all that apply)

House Pet Guard Dog For Child Mouser/Barn Cat Companion for Pet

Other: _____

7. Where will your pet be kept? _____ if other than inside please explain exactly where your pet will be housed. _____

8. If your desire is for a puppy, are you aware of the time required to house break and train a puppy?
Yes No

9. Are you prepared to take your new pet for a complete veterinary exam within seven days of adoption? **Yes No**

10. Do you? **Own Your Home Rent Live with Others**
If other (please explain) _____

11. If you rent, or live with someone else, please provide the landlord other tenant's name and phone number: Name: _____ Phone Number: _____

12. Please provide the name of your veterinarian: _____
If not local, please provide location: City: _____ State: _____ Phone: _____

13. Are you prepared for a 10 to 15 year commitment to your new pet? **Yes No**

14. If you decide to adopt from the SPCA of NE NC, you will be required to have your new pet SPAYED or NEUTERED. Will this be a problem? **Yes No**

15. Assistance may be available for Spay/Neuter Costs.
Your Age: _____ Are you receiving Public Assistance? **Yes No**

I, _____, hereby grant permission to the SPCA of NE NC, Inc. to contact my veterinarian, Landlord (if applicable), and the local animal control agency to obtain information on past and present pets and to verify the information provided on this application.

Signature: _____ Date: _____

Witness: _____

THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS APPLICATION. SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION ONE OF OUR STAFF WILL BE HAPPY TO ASSIST YOU.