

BURIN PENINSULA SPCA ADOPTION FORM

Email: *burinpeninsulaspca@gmail.com* or drop off to the shelter from 12-2 daily

Name: _____

Email Address: _____

What is the NAME of the animal for which you are Applying? _____

What is the DATE that you are filling out this Application? _____

Full Name: _____

Full Mailing Address: _____

Home Phone Number: _____

Work Telephone Number: _____

Cell Number: _____

Spouse/Partner's Name: _____

How Long Have You Lived at the Above Address? _____

Do You? Rent? Own? Live with Parents? _____

Do You Live In? A House? An Apartment? A Townhouse? A Trailer/Mobile Home? _____

(b). If You RENT, Are you Permitted to Own Pet? _____

(c). If You RENT, Please provide you LANDLORD's Name and Contact Information.

Regarding Work, Please Select ALL that Apply.

- I work outside home _____
- I work at home _____
- I attend school _____
- I am retired _____

Will the Animal be left Alone on a Regular Basis throughout the Week? _____

(b). If YES to above question. How long will your pet be left alone Daily? _____

When you are at home, WHERE will your pet be during the DAY and NIGHT? _____

How many Adults live in your Home? _____

How many Children live in your Home? Please list all children's ages. _____

Why do you want to adopt a pet? _____

List ALL of the Pets you have owned for the past 10 years. List: NAME, BREED, MALE/FEMALE, INDOOR/OUTDOOR, SPAYED/NEUTERED, AGE, IF STILL OWNED (example: Fluffy, Cat, Female, Indoor, Spayed, 8 yrs, yes)

(b). If you DO NOT still own any of the animals listed above, please give a brief answer as to why you do not own them and how long it has been since you owned them.

What is the Name of the Veterinary Clinic that cares/cared for your pets?

If any of your pets HAVE NOT been Spayed/Neutered, please indicate why?

Have your current pets been vaccinated within the last year? If NO, please indicate why?

Have you had a pet die within the past 3 months from a contagious disease or unknown cause? If YES, please describe.

Have you Ever Adopted a pet from the Burin Peninsula SPCA? If YES, please let us know if you still own this animal. _____

Does Anyone in your Home suffer from Asthma or Other Pet Related Allergies? _____

(b). If YES to the above question. How will you handle this situation? Or if allergies develop within your home what will you do with your pet? _____

If you must MOVE what do you plan to do with your pet? _____

What do you intend to do if you go on Vacation, take an Unscheduled Trip or have a Family Emergency that takes you away from Home? _____

Do you plan to Board/Kennel your pet? If YES, what do you believe will be the cost of this service? _____

What do you expect will be the costs of the following: FOOD (Monthly), VACCINATIONS (yearly), LICENCE (yearly), EMERGENCY MEDICAL CARE

What type of ID do you plan to use for your pet? _____

Pets need time to adjust to new surrounding. Are you Prepared and Willing to give your new pet ONE MONTH to adjust to your home? _____

How Long have you been Planning on Adopting a pet? _____

What do you believe is the Life Span of this Animal? _____

Do You Intend to Keep this Animal for its Lifetime? _____

(a). If you are Applying for a Cat, Your cat will it be an ...

- Indoor Cat _____
- Outdoor Cat _____
- Indoor/Outdoor Cat _____

(b). What will you do if the CAT gets on the Counters? _____

(c). What will you do if the CAT scratches the furniture? _____

(d). What will you do if the CAT chews on your houseplants? _____

(e). What will you do if the CAT messes outside the litter pan? _____

(f). What will you do if the CAT keeps you awake at night? _____

(g). What will you do if the CAT jumps in the baby's crib? _____

(a). If you are Applying for a DOG, Your dog will be an ...

- Indoor Dog _____
- Outdoor Dog _____
- Both Indoor/Outdoor Dog _____

(b). Do you plan to Tie your DOG Outside? If YES, please indicate for how long. _____

(c). How many times a day do you plan to Exercise/Walk you DOG? _____

(d). How do you plan to Housetrain your DOG?

(e). Do you have a Fenced Yard? _____

The Burin Peninsula SPCA requires 3 References. References CANNOT be family members.

Reference #1: Name & Telephone: _____

Reference #2: Name & Telephone: _____

Reference #3: Name & Telephone: _____

How did you find out about this animal up for adoption? _____

Animals Adopted from the Burin Peninsula SPCA CANNOT be sold or given a new home without notifying and gaining permission of the SPCA. Do You Agree to these Terms?

- I Agree _____
- I Disagree _____

SIGNATURE: _____

DATE: _____