

# **Brant County SPCA Dog Adoption Form**

*The purpose of this form is to assist us in choosing the best home for each animal & finding a suitable pet for your household. To qualify for adoption, the following criteria must be met:*

- *All appropriate sections must be completed on this form - The form must be filled out by the person(s) adopting the animal -The adopter must be 18 years or older -All members of the household must agree to the adoption of the animal*

*Your responses to the questions below are kept strictly confidential.*

SPCA Rep. \_\_\_\_\_ (SPCA Use Only)\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ Ext. \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Animal Name or Log #:**  
\_\_\_\_\_

**Pre-Approval YES**

**Date:** \_\_\_\_\_

**App. Approved by:**  
\_\_\_\_\_

**App. Denied by and why:**  
\_\_\_\_\_  
\_\_\_\_\_

**Microchip #**  
\_\_\_\_\_

1. **The Brant County SPCA reserves the right to decline any application. Please initial that you have read and understand this:** \_\_\_\_\_

2. Do you: Rent Own Live with parents (If you live with parents, please complete if they rent or own the dwelling)

3. Do you live in a: House Townhouse Apartment Condo

4. **Landlord/Property manager's name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**SPCA use only** \_\_\_\_\_

5. Check all that apply:

Work outside home Work at home \_\_\_\_\_ Student Retired  
(Job description)

6. Does anyone in your home suffer from asthma or allergies to dogs? YES NO

7 a) How many **adults** over the age of 18 are living in the home? \_\_\_\_\_ (**All must sign #27**)

b) Please list the **AGES** of any children living in the home: \_\_\_\_\_

c) Please list the **AGES** of any children who frequently visit your home \_\_\_\_\_

8. Do you currently own pets? YES \_\_\_\_\_ NO \_\_\_\_\_

9. Please list all of the animals you currently own or you've had in the **PAST 5 YEARS**:

| <u>BREED</u> | <u>NAME</u> | <u>INDOOR</u><br><u>or</u><br><u>OUTDOOR</u> | <u>HOW LONG</u><br><u>HAS THIS</u><br><u>PET BEEN</u><br><u>WITH YOU?</u> | <u>AGE</u> | <u>SEX</u><br><u>ALTERED</u><br><u>FIXED?</u> | <u>STILL</u><br><u>OWNED?</u><br><u>IF NO WHY?</u> |
|--------------|-------------|--|---|------------|---|--|
|              |             |  |   |            |   |  |
|              |             |  |   |            |   |  |
|              |             |  |   |            |   |  |
|              |             |  |   |            |   |  |
|              |             |  |   |            |   |  |
|              |             |  |   |            |   |  |
|              |             |  |   |            |   |  |

10. List the veterinary clinic(s) that currently care for your pet(s): \_\_\_\_\_

Phone # \_\_\_\_\_

11. List the veterinary clinic(s) that previously cared for your pet(s): \_\_\_\_\_

Phone# \_\_\_\_\_

12. Are your currently owned pets up to date on their vaccines? YES \_\_\_\_\_ or NO \_\_\_\_\_

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND THAT ANY FALSE INFORMATION MAY RESULT IN VOIDING THE APPLICATION AND I ALSO GIVE THE SPCA AUTHORITY TO OBTAIN A COPY OF MY PETS MEDICAL RECORDS FROM MY VETERINARIAN**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

13. Please check any applicable reasons why you would like to adopt an animal from the SPCA:

Companion for your family      Breeding      Hunting      Guard dog      Gift  
Gift for a child      Companion for an existing pet

14. How long have you been planning to adopt? \_\_\_\_\_

15. Do you want a dog you can crate train?      YES \_\_\_\_      NO \_\_\_\_      Does not matter \_\_\_\_\_

16. Do you want a dog that is already house trained?      YES \_\_\_\_      NO \_\_\_\_      Does not matter \_\_\_\_\_

17. Are you planning to take the dog to Obedience training?      YES \_\_\_\_      NO \_\_\_\_      Only if needed \_\_\_\_\_

18. Do you want a dog that is      Very Active \_\_\_\_\_      Less Active \_\_\_\_\_

19. Do you want a dog that is      Inside most of the time \_\_\_\_\_      Outside most of the time \_\_\_\_\_

20. Do you want a dog that is good with      Other dogs \_\_\_\_\_      Cats \_\_\_\_\_      Small pets \_\_\_\_\_

21. How often will you walk your dog a day?      Once \_\_\_\_\_      Twice \_\_\_\_\_      More than twice \_\_\_\_\_

22. Is there a certain breed of dog that you are looking to adopt? YES \_\_\_\_ NO \_\_\_\_ Type \_\_\_\_\_

23. Have you researched the breed of dog you are applying for?      YES \_\_\_\_      NO \_\_\_\_\_

24. Is there a preferred age you are looking for? \_\_\_\_\_

25. Do you prefer?      Female \_\_\_\_\_      Male \_\_\_\_\_      Does not matter \_\_\_\_\_

**HAVE YOU READ THE FULL ASSESSMENT ON THE DOG YOU ARE INTERESTED IN ADOPTING  
THE BINDER IS LOCATED AT THE FRONT DESK**

YES \_\_\_\_\_ NO \_\_\_\_\_      If NO please ask staff for assessment

26. Have you taken the dog out for a walk that you applying for?      Yes \_\_\_\_\_      No \_\_\_\_\_

27. All adults in the home over the age of 18 must sign below. By signing, you are in agreement with the adoption of this pet.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**PLEASE LIST THE NAMES AND PHONE NUMBERS OF 3 REFERENCES:**

1. **Personal Reference:** \_\_\_\_\_ **Phone** \_\_\_\_\_

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2. **Personal Reference:** \_\_\_\_\_ **Phone** \_\_\_\_\_

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3. **Personal Reference:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND THAT ANY FALSE INFORMATION MAY RESULT IN VOIDING THE APPLICATION AND I ALSO GIVE THE SPCA PERMISSION TO CONTACT ALL REFERENCES LISTED ON MY APPLICATION.**

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

**PLEASE ENSURE THAT YOUR APPLICATION IS REVIEWED FOR ACCURACY AND THAT ANY QUESTIONS YOU MAY HAVE ARE ANSWERED BEFORE YOU LEAVE IT WITH US.**

**THANK YOU FOR VISITING THE BRANT COUNTY SPCA AND TAKING THE TIME TO COMPLETE AN ADOPTION FORM. WE DO OUR BEST TO PLACE THE ANIMALS THAT ARE UP FOR ADOPTION IN THE MOST COMPATIBLE HOMES AND THEREFORE WE RESERVE THE RIGHT TO APPROVE OR DENY ANY APPLICATIONS.**

**PLEASE COMPLETE AGREEMENT ON LAST PAGE**

# ADOPTION AGREEMENT

Thank—you for choosing to adopt an animal from the Brant County SPCA. Your selfless act has provided a home for an unwanted animal. Your adoption donation enables us to provide: vaccinations; microchips; and the spay / neuter surgeries for our animals.

The Society cannot guarantee the health of the pet you have chosen. Should the animal you have adopted become ill within the next 14 days, you have **two options**:

- 1) You may return the animal to the Society where you will have the option of having another animal or having your donation refunded.
  
- 2) **You may keep the animal, and in doing so accept full responsibility for the care and treatment of the animal. Any costs incurred would be solely your responsibility, as the new “guardian” of the animal. The SPCA will not be responsible for any costs, procedures, or outcome.**

I \_\_\_\_\_ have read and agree to comply with the  
(Please Print Name)  
above policies.

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

SPCA Signature \_\_\_\_\_