



Adoption Application

Animal Name _____ Animal Type _____ Animal Number _____

Name of applicant _____ Occupation _____

Name of Spouse/Significant other _____ Occupation _____

Names and ages of children (if any) _____

Street address _____ City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Email address _____ Best way to contact _____

Do you live in a ___ House ___ Apartment ___ Condominium ___ Town house other _____?

Do you own or rent? OWN RENT (please circle) If rent are there pets allowed? ___ Yes ___ No

Landlord's Name and Phone Number _____

How much time will the animal be indoors? _____

How much time will the animal be outdoors? _____

About how many hours a day will the animal be left alone? _____

Where will it be left alone? _____

What area(s) of the house will the animal be allowed into? _____

Where will the animal sleep at night _____

Do you have a fenced yard? ___ yes ___ no

If yes, how high is the fence? _____ Type of fence? _____

Why do you want an animal? (Check all that apply)

☐ House Pet ☐ Companion for Family ☐ Companion for other pet

☐ Companion for children ☐ Protection for home/family ☐ Protection for Business

☐ Watchdog ☐ as a gift ☐ other (specify) _____

Other pets (specify number of each): Dogs ☐ Cats ☐ Other _____

If you have any animals, are they spayed/ neutered? ☐ Yes ☐ No

What pets have you had in the past? _____

What happened to the ones you no longer have? _____

What would happen to the animal if you moved...?

Locally? _____

Out of state? _____

Out of the country? _____

Do you have a regular veterinarian? ☐ Yes ☐ No If yes, vet's name _____

Name of Clinic _____ Address _____

How would you train this dog? (Check all that apply)

☐ Obedience school ☐ Spank

☐ Firm verbal Commands ☐ Clicker/ hand signals

☐ Other (specify) _____

Will you be able to live with hair on your furniture, stains on your rugs, a warm body in your bed, and an animal that might be destructive at times? ☐ Yes ☐ No

Can you provide medical care, grooming, proper diet, proper shelter, and exercise for your new pet?
☐ Yes ☐ No

Are you able to make a long-term commitment to care for your pet for its entire life span, which could be as much as 10 to 20 years? ☐ Yes ☐ No

Under what circumstances would you not be able to keep this dog? _____

All of our indoor cats will not receive the rabies vaccination, unless requested. There will be an additional charge of \$6.00 without a certificate or \$10.00 with a certificate, all cats receiving the vaccination must be over 16 weeks of age.

SPARC reserves the right to at any time do a home/welfare check on any animal that we adopt out. If at any time SPARC feels the animal is not being properly cared for they will take the animal back and refund the adoption fee.

Please Notify SPARC **IMMEDIATELY** at 805-525-8609 should your new pet become ill during the first **7** days after adoption or should you have to re-home your SPARC pet for any reason or at **ANYTIME**

AFTER HOURS:

VMSG: 805-339-2290

Please DO NOT re-home or euthanize your SPARC pet at any time without calling SPARC!

WE ARE HERE TO HELP YOU!!!!

Signature: _____ Date _____

SPARC Management Signature: _____ Date: _____