



## Adoption Application

- ☐ Driver's License
- ☐ Vet Recommendation
- ☐ Pet Interaction
- ☐ Home/Rent Check
- ☐ Phone Verification
- ☐ Approved ☐ Denied

• 2435 St. Rt. 352; Elmira, NY14903 • 607.732.1827 •  
• Fax: 607.732.6351 • [www.chemungspca.org](http://www.chemungspca.org) •

### Personal Information. Only completed applications will be processed.

Application Date \_\_\_\_\_  
Applicant's Name \_\_\_\_\_  
Which SPCA animal are you interested in? \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_  
Are you interested in receiving the Chemung County SPCA's E-mail updates? ☐ Yes ☐ No  
Work: ☐ Employed (full/part-time) ☐ Unemployed ☐ Student ☐ Retired  
If employed, where? \_\_\_\_\_  
How Long? \_\_\_\_\_ Employer Phone # \_\_\_\_\_  
DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
List all family members in household with ages \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Do you or other family members have allergies to animals? \_\_\_\_\_

### Residence Information

Type of Residence: ☐ House ☐ Apartment ☐ Condo/Town Home ☐ Mobile Home  
Do you own or rent? ☐ Own ☐ Rent How Long? \_\_\_\_\_ Live with Parents? \_\_\_\_\_  
Mobile Home Park or Landlord's Name \_\_\_\_\_  
Address/Phone # \_\_\_\_\_  
Home Location: ☐ Urban ☐ Suburban ☐ Residential ☐ Rural  
Traffic Patterns: ☐ Heavy ☐ Medium ☐ Light Speed Limit \_\_\_\_\_ mph  
(For Dogs Only) Do you have a fenced yard or area? ☐ Yes ☐ No  
If yes, what height and size \_\_\_\_\_  
If no, how will you keep your pet confined outdoors \_\_\_\_\_  
Will your pet run loose? ☐ yes ☐ no When and where \_\_\_\_\_  
Where will the pet be kept? ☐ Indoors ☐ Outdoors Explain: \_\_\_\_\_  
When no one is home? ☐ Indoors ☐ Outdoors Explain: \_\_\_\_\_  
At night? ☐ Indoors ☐ Outdoors Explain: \_\_\_\_\_  
How many hours during the day will the pet be left alone? \_\_\_\_\_

### Pet History

Have you had pets before? ☐ Yes ☐ No Adopted from us before? ☐ Yes ☐ No

...Continued on back...

What happened to these pets? \_\_\_\_\_

Have you ever given up a pet? ☐ Yes ☐ No Explain: \_\_\_\_\_

List all current pets in your household. Include: type, gender, age, spayed/neutered.

\_\_\_\_\_

Current/Past Veterinarian: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

### Additional Information

What influenced your decision to adopt from our shelter? (Check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adopted here before | <input type="checkbox"/> Radio                  | <input type="checkbox"/> Newspaper      |
| <input type="checkbox"/> Website             | <input type="checkbox"/> Word of Mouth          | <input type="checkbox"/> Pet of Week Ad |
| <input type="checkbox"/> Newsletter          | <input type="checkbox"/> Offsite/adoption event | <input type="checkbox"/> Television     |

Reason for wanting this pet: (Check all that apply)

- |   |                                       |                                  |
|---|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Family Companion           | <input type="checkbox"/> To Breed     | <input type="checkbox"/> Mouser  |
| <input type="checkbox"/> Guard Dog                  | <input type="checkbox"/> Gift         | <input type="checkbox"/> Hunting |
| <input type="checkbox"/> Companion for other animal | <input type="checkbox"/> For Children |                                  |
| <input type="checkbox"/> Other: _____               |                                       |                                  |

Who will be the principal caretaker? \_\_\_\_\_

How much do you plan to spend yearly on this pet? ☐ \$50-\$99 ☐ \$100-\$499 ☐ >\$500

Will you provide regular veterinary care to your pet? ☐ Yes ☐ No

Food and veterinary care can be costly, can you financially support a pet? ☐ Yes ☐ No

How will you help your new pet adjust to a new home environment? \_\_\_\_\_

How long will you allow your new pet to adjust? \_\_\_\_\_

For what reasons might you need to return your pet to the SPCA:

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

### For Dog Adoptions Only...

Will you license your dog? ☐ Yes ☐ No Are you aware of dog control laws? ☐ Yes ☐ No

How much exercise will you provide for your dog? \_\_\_\_\_

What type of exercise will you provide? \_\_\_\_\_

How will you train your new dog? \_\_\_\_\_

Do you plan on taking your new dog to obedience class? ☐ Yes ☐ No

*By signing this document, I am accepting all of the risks associated with handling animals during the adoption process. I understand that this document will be retained by the SPCA. I further attest that the information given is true and understand that giving false or incomplete information may result in the application being denied.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

...Continued on next page...

**Please initial next to each statement and sign at the bottom.**

1. \_\_\_\_ I understand that the Chemung County Humane Society and SPCA Inc. (CCHS/SPCA) makes no representations whatsoever relating to the health, habits or any other fact about the animal.
2. \_\_\_\_ I understand that my pet may have an illness that is not immediately apparent, that the CCHS/SPCA is not responsible for veterinary care should the animal have illness.

(Question #3 is for cat adoptions only)

3. \_\_\_\_ Further, I understand that the fatal disease of Feline Infectious Peritonitis (FIP) is one such disease to be aware of. It is a mutation of the more common and benign virus of intestines of cats Feline Enteric Coronavirus (FECV). It occurs worldwide in cats of all ages but is most often seen in cats up to 2 years of age. There are two forms- wet and dry. I will contact my veterinarian for more information.
4. \_\_\_\_ I understand there is a risk that my current family pets could be exposed to illness and the CCHS/SPCA is not responsible for their veterinary care should they become ill.
5. \_\_\_\_ I understand it is recommended that my new pet be isolated until it has seen my veterinarian.
6. \_\_\_\_ I agree to call within **5 days** of adoption to make an appointment to take my new pet to the veterinarian.
7. \_\_\_\_ I understand that a pet needs to be seen by a veterinarian at least once a year for an animal physical, vaccinations, and flea/heartworm preventatives.

---

Signature

---

Date