

A CURRENT PHOTO ID IS REQUIRED TO ADOPT.

SB Person ID#: _____



PET ADOPTION APPLICATION

Name(Mr./Mrs./Ms.) _____ MI _____ Date _____

Address _____ Apt# _____

City _____ State _____ Zip Code _____ City Resident? Yes No

Home# _____ Work# _____ Cell# _____

E-mailAddress _____ WorkSchedule: _____

Have you ever applied for or adopted an animal from this shelter? Yes No

FIRST NAME

Why are you interested in adopting a pet?

- Family Pet For Children Mouser/pest control Personal Companion
- Protection/Guard Dog Gift Companion for other Pets
- Other (Explain) _____

How many adults live in your household? _____ Children and ages? _____

Do any children visit your home on a regular basis? Yes No

Ages of children who visit regularly: _____ How often do they visit? _____

Are any members of this household allergic to animals? Yes No

If yes, is any allergy medication currently used? Yes No

Do all the members of your household know you will be adopting a new pet? Yes No

Who will be responsible for the daily care of this pet? _____

Please rate the activity level of your household:

- Active Relaxed Somewhere in between

Do you rent? OR Do you own?

If you rent, what is the name and phone number of your landlord? _____

Estimate what it will cost you annually to care for this pet: _____

LAST NAME

Please describe the cats and/or dogs that you have owned or lived with in the past or currently:

Animal's Name	Breed/Type	Sex	Age	Spayed/ Neutered?	Inside or Outside Pet?	Time Owned	Where is this pet now?

Signature _____ **Date** _____

My signature certifies that all of the above information is true and authorizes the Maryland SPCA to verify the above information.

(Revised 05/2014)

OVER

DOGS

I would like information on:

- Breed
- Adjustment to new home
- Introduction to other pets
- Crate training
- Housebreaking
- Exercise
- Training/behavior issues
- Socialization with adults, children and other dogs

Do you have a fenced yard?

- Yes No

How tall is the fence? _____

CATS

I would like information on:

- Adjustment to new home
- Introduction to other pets
- Litter box training/issues
- Scratching issues
- Behavior issues
- Supplies

Do you plan to have this cat declawed?

- Yes No

Do you plan to let this cat go outside?

- Yes No

FOR ALL PETS

Which veterinarian will you use? _____

Vacation/emergency plans: Who will take care of your pet? _____

NOTES (for adoption counselor use only)