

SB Person ID# _____

PET ADOPTION APPLICATION

Name (Mr. / Mrs. / Ms.) _____ MI _____ Date _____
 Address _____ Apt # _____
 City _____ State _____ Zip Code _____ City or County _____
 Home# _____ Work# _____ Cell# _____
 Work Schedule _____
 E-mail Address _____

LAST

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

Why are you interested in adopting a pet?

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

How did you hear about the Maryland SPCA?

- Friends/Family Newspaper Ad Television Ad
 Past Connection with organization Other _____

FIRST

How many adults live in your household? _____ Children? _____ 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:

Grand Central Station Couch Potato 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: _____

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	Spayed or neutered?	Where is it kept? (inside or outside)	Time owned	What happened to him/her?

Signature _____ Date _____

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

Revised 1/10

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, & other dogs

Do you have a fenced yard?

- Yes No

How tall is the fence? _____

**All points must be discussed for Pit Bull adoptions*

CATS

I would like information on:

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

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