

Adoption Questionnaire

Dog
 Cat Animal's Name _____ Date _____
 Other Animal's Number _____

Please complete this questionnaire as a means of assisting our staff to find a good home for each animal and a suitable pet for you. In order to be considered for an adoption, you must: Have the knowledge and consent of all members of the household, be 18 years of age, have valid identification with current mailing address, have your landlord's name and phone number and understand that the S.P.C.A. Yarmouth must approve your application.

Personal Information:

First Name: _____ Last Name: _____ Spouse: _____
 Address: _____ City: _____ P.C. _____
 Home Phone _____ Work Phone _____ Cell Phone _____

How long have you lived at your current address? _____
 Do you live in: a House Apartment Townhouse Duplex
 Do you Own or Rent your home?
 Are you allowed pets? ____ Landlords name: _____ Phone _____
 Are you: Attending school Working Retired
 Do you have children? _____ Please list their ages _____
 How many adults in house _____
 If you don't have children what do you plan to do with your pet? _____

Pet Information:

Please let **ALL** the pets you have owned in the past 10 years.
 (Incomplete or falsified answers will lead to automatic rejection of this application)

Breed	Name	Was pet kept indoors/ outdoors/ Tied up	Age	Sex	Spay /Neutered	Last Vacc.	Deceased

Do you have a regular veterinarian? Yes No
 Name of Vet _____ Phone _____
 Can we contact your veterinarian regarding this application? Yes No
 I authorize the staff of the Yarmouth S.P.C.A to access my information pertaining to all of my past and present pets. _____ (Please sign)

If you no longer own your pets, what became of them? _____
 Has a pet died in the past three months from a contagious disease or of unknown causes? ____
 Have you ever adopted from the Yarmouth S.P.C.A. before? _____ When? _____

Does anyone in your home have allergies to animals? Yes () No ()

Who will be responsible for Feeding _____ Training _____

Please check of the following reasons of why you are adopting a pet:

Companion () Gift () Breeding () Guard Dog () Other ()

For a Child () Hunting () Barn cat () Mouser () _____

If you move, what will you do with your pet? _____

What will you do with your pet when you go on vacation? _____

How much do you anticipate you will spend **yearly** to vaccinate, license and provide medical care for your pet? _____ And to feed **monthly**? _____

Do you plan to spay or neuter your pet? Yes () No ()

If adopting a female would you let it have a litter before spaying? Yes () No ()

This pet will be alone for _____ hours, _____ days/week

Where will the pet be when: No one is home? _____

Someone is home during the day? _____

At night? _____

Are you prepared to allow for an adjustment period of two weeks? Yes () No ()

What type of I.D. will you use for your pet? _____

If adopting a **CAT**: Do you plan to let it go outside? Yes () No ()

How will you train your cat to?

Stay off the counter _____

Not scratch furniture _____

Not chew plants _____

What will you do if your cat:

Urinate outside the litter pan? _____

Keeps you awake at night? _____

Jumps in a baby's crib? _____

If you are adopting a **DOG**: How many times a day will you walk you dog? _____

Explain in detail how you plan to housebreak/train your dog? _____

How do you plan on correcting behavioral problems such as?

Running away: _____

Chewing: _____

Mouthing: _____

Barking: _____

Jumping: _____

Do you plan on taking your dog to training classes? Yes () No ()

Do you have a fenced in yard? Yes () No ()

Do you plan to tie your dog out? Yes () No ()

How long have you planned on adopting a pet? _____

How long do you plan on keeping you pet? _____

Under what circumstances would you return this animal? Moving () New Baby ()

Divorce () New Relationship () High cost of animal care () Allergies () Vacation ()

Retiring () Claws furniture () Poor mouser () Digs in plants/gardens () Other ()

How long do you expect your pet to live? _____

Have you ever surrendered a pet to the S.P.C.A. or other organizations in the past?

Yes () No () If yes please explain: _____

Are you aware of the existing bylaws that pertain to animals in your community? Yes () No ()

Would you be willing to let a representative of the S.P.C.A. visit your home by appointment?

_____ If NO, why not? _____

Have you ever been charged with neglect or cruelty to animals? Yes () No ()

List 3 references and phone numbers,
keeping in mind that phone calls are usually done on weekdays:

How did you find out about the S.P.C.A.? _____

Please ensure that someone goes over this questionnaire with you and signs it as well. If you are unsure about a question, please ask. _____ (Received by)

Yarmouth branch S.P.C.A. reserves the right to refuse adoptions.

*Completed applications can be mailed, faxed, emailed
or brought with you when you come to the shelter.*

**Yarmouth S.P.C.A., P.O. Box 335, Yarmouth, N.S., B5A 4B1
551 Hardscratch Road, Phone # (902) 742-9767 Fax # (902) 742-9767
spcapets@hotmail.com (for applications only)**

**FALSIFIED INFORMATION OR INCOMPLETE ANSWERS
WILL LEAD TO AUTOMATIC REJECTION OF THIS APPLICATION.**

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, AND
UNDERSTAND THAT ANY FALSE INFORMATION MAY RESULT IN
NULLIFYING THE ADOPTION.**

Signature: _____ Date: _____