



Animal Name:	_____
Animal #:	_____
Date:	_____
Time:	_____
Cat	S / N K / A / S
Dog	S / N P / A / S
Other:	_____ S / N

Adoption Application

The purpose of this form is to assist in choosing the best home for each animal in our care and to find the best suitable match for your household. To qualify for adoption, the following criteria must be met.

- All appropriate sections of this form must be completed
- The form must be filled out by the person(s) adopting the animal
- The adopter must be at least 19 years of age
- All members of the household must meet and agree to the adoption of the animal

Due to the volume of animals and applications received processing time takes 3 to 5 business days. Applications may take longer if difficulty arises in trying to contact personal and / or veterinary references. Please make sure all information is accurate to avoid processing delays.

Please initial that you have read and understood the above

Personal Details			
Last Name/s:		First Name/s:	
Address:			City:
Province:	Postal Code:	Email:	
Daytime Phone:	Evening Phone:	Cell:	
Drivers License or Photo ID:		Verified by employee: Yes No	
Do you live in a : <input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile/Mini Home			
Do you? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with parents			
If Renting, Landlord's name..... Landlord's Phone#.....			
How long have you lived at Current address?..... If less than one (1) year, please provide previous address			
Number of adults in the household		Do you have children who visit regularly <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of children and their ages		If "yes", what are their ages?	
Do any members of the household have asthma or allergies?.....			
Are you : <input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker Other (please specify).....			
What is the maximum number of hours your pet will be alone during the day?.....Hours			
Please circle all applicable reasons for wishing to adopt an animal from the NS SPCA :			
Companion Breeding Hunting Guard Dog			
Companion for existing pet For a child Barn cat Mouser			

PLEASE PROVIDE THREE (3) REFERENCES THAT WE MAY CONTACT:						
NAME:	Phone:	Type of Reference(employer, landlord, family member)				
.....						
.....						
.....						
What animals have you owned in the past five(5) years						
Name:	Breed/Type:	Sex:	Spay/Neuter	Age:	Indoor/outdoor:	Still own /Deceased
List the Veterinary clinic(s) that care for your pets						
Address and Telephone number						
How are your current pets with other animals?						
Cats.....Kittens.....Dogs.....Puppies.....						
What is the noise/activity level in your home?						
<input type="checkbox"/> Quiet <input type="checkbox"/> Moderate <input type="checkbox"/> Busy <input type="checkbox"/> Very Busy <input type="checkbox"/> Hectic						
Have you ever adopted an animal from the SPCA? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes", from which branch/shelter?.....						
Do you still own this animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", why?.....						
What do you intend to do with your pet if you move?						
What do you intend to do with your pet if you go on vacation, have an unscheduled trip, or family emergency?						
.....						
What do you expect to pay for the following:						
Food (monthly)	Vaccinations (yearly)\$	Licenses (yearly) \$	Medical emergencies \$			
Do you currently have pet insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Would you be interested in getting pet insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No						
What type of Identification do you plan to use for your pet?						
<input type="checkbox"/> ID Tag <input type="checkbox"/> Rabies Tag <input type="checkbox"/> HRM Tag <input type="checkbox"/> Micro chip <input type="checkbox"/> Engraved Collar <input type="checkbox"/> Tattoo <input type="checkbox"/> Other						
How long do you think it will take for your pet to become adjusted to its new home?.....						
How long have you been planning to adopt a pet?.....						

If you are APPLYING TO ADOPT A CAT please answer the following:

Will the cat be: Indoor Outdoor?
What will you do if the cat:
Gets on counters:.....
Scratches furniture:.....
Chews Plants:.....
Urinate outside of litter box:.....
Keeps you awake at night:.....
Jumps in baby's crib?.....

If you are APPLYING TO ADOPT A DOG please answer the following:

How many times a day will you walk/exercise the dog?.....
How do you intend to housetrain the dog?.....
How would you correct the following behaviors?
Running away?.....
Chewing?.....
Mouthing / Grabbing?.....
Barking?.....
Jumping?.....

Do you have a fenced yard? Yes No Height and type of fencing?.....
Do you plan to tie or kennel the dog outside? Yes No
If yes, for what period of time?.....
Where will your dog be during the Day?.....During the Night?.....
Do you intend to take your dog to obedience / socialization classes? Yes No
Have you ever given up a dog due to behavioral / obedience problems? Yes No
If yes, please explain.....

Please ensure that a staff member or adoption counselor go over the application with you and answer any questions that you may have

I certify that the above information is true and false information may result in this application being declined.

The NS SPCA Kings County Shelter reserves the right to decline any application.

Please sign below that you have read and understood these statements.

Signature:..... Dated:.....
Shelter employee signature:.....



CONSENT FORM

I, _____, am applying to adopt an animal from the NS SPCA Kings County Shelter, and hereby authorize my veterinarian and any of its clinic or office staff, to release confidential information concerning me, my animals, their health and history to the representatives of the NS SPCA Kings County Shelter. I understand that this information will be used as a part of the application process as a prospective adopter of animal(s) from the NS SPCA Kings County Shelter. My veterinarian requires this written consent to release any personal and confidential information that the NS SPCA and its Representatives may require.

.....
Signature (Applicant)

.....
Print Name (Applicant)

.....
NS SPCA Representative

.....
Date