

Adoption Application

Colchester SPCA
 408 Industrial Avenue
 P.O. Box 914
 Truro, N.S. B2N 5G7
 (902) 893-7968

Dog
 Cat
 Other

Case #: _____
 Animal Name: _____
 Date: _____

The purpose of this form is to assist us in choosing the best home for each animal and finding a suitable pet for your household. To qualify for adoption, the following criteria must be met:

- All appropriate sections of the form must be completed
- The form must be filled out by the person(s) adopting the animal
- The adopter must be at least 18 years of age
- We request that all members of the household meet and agree to the adoption of the animal

I am aware that there may be more applications pending on this animal in addition to my own. Please initial that you have read and understood this: _____

This is an adoption process, not a sale. Although your application may be the first submitted, the SPCA reserves the right to postpone or refuse any application. Please initial that you have read and understood this:

Name: _____ Address: _____
 City: _____ Postal Code: _____ Telephone: _____

How long have you been at this address? _____

Check all that apply: Work outside the home Work at home Student Retired

How many adults are in the home? ____ Please list ages of all children in the home. _____

Does anyone in your home suffer from asthma or pet related allergies? YES NO

Place of Employment. _____

Do you: Rent Own Live with parents

Do you live in a: House Apartment Mobile/mini home

Landlord/property manager: Name: _____ Phone: _____

Where will the pet be during the day? _____ Where will pet sleep at night? _____

What is the maximum number of hours pet will be alone during the day? _____

Please check all applicable reasons you would like to adopt an animal from the SPCA:

- Companion Breeding Hunting Guard Dog Gift For a child
 Companion for an existing pet Barn cat Mouser

Please list all the pets you have owned in the past 5 years.

Breed	Name	Indoors/ out	Age	Sex	Spayed/ Neutered	Still owned (Y/N)

What is your regular vet clinic? _____

What name and phone number would your animal be listed under? _____

Have you ever adopted an animal from any SPCA before? If so, what became of it? _____

All animals adopted from the shelter must be spayed or neutered. This will be your obligation. Please initial that you have read and understood this. _____

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 a family emergency? _____

What do you expect to pay for the following?

Food (monthly) _____ Vaccinations (yearly) _____ Licenses (yearly) _____

What brand of food do you plan on feeding your pet? _____

What type of ID do you plan to use for your pet? _____

How long do you think it will take your pet to become adjusted to its new home? _____

How long have you been planning to adopt a pet? Have you checked into the needs of different breeds to see if they'd fit into your lifestyle? _____

If you are applying for a cat:

Will it be indoor (we **very strongly** recommend indoor) or outdoor? _____

- + gets on the counters _____
- + scratches furniture _____
- + urinates outside litter pan _____
- + keeps you awake at night _____
- + jumps in the baby's crib _____

If you are applying for a dog:

How many times a day will you walk/exercise your dog? _____

How do you intend to housetrain your dog? _____

How would you correct the following behaviours:

- + running away _____
- + chewing _____
- + mouthing (grabbing things in play) _____
- + barking _____
- + jumping _____

Do you intend to take your dog to obedience class? YES NO

Do you have a fenced yard? YES NO

Do you plan to tie or kennel your dog outside? If yes, for what period of time? _____

Please list the names, daytime phone numbers and relation of 3 references:

NAME	Daytime Phone Number	Relation to You

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND THAT ANY FALSE INFORMATION MAY RESULT IN NULLIFYING THIS APPLICATION.

Signature: _____ Employee signature: _____

Date: _____

PLEASE INSURE THAT A STAFF MEMBER GOES OVER THE APPLICATION WITH YOU & ANSWERS ANY QUESTIONS THAT YOU MAY HAVE. THANK YOU FOR VISITING THE COLCHESTER SPCA.

Due to the volume of animals and applications received we require a 24 to 48 hour processing time. Applications may be stalled longer if difficulty arises in trying to contact personal or veterinary references.

**Colchester SPCA
PO Box 914
Truro, NS B2N 5G7
Phone: (902) 893-7963
Fax: (902) 893-7963**

Date _____

I, _____ give the following Veterinary Clinic:
Print Name & Phone Number

Vet Hospital Name

**as well as any other Vet Clinic that may have attended to my
animals in the past, authorization to release my information and
animal records to the Colchester SPCA.**

Owner Signature _____
SPCA Employee Signature _____

**Please fax or phone information to the
Colchester SPCA**

Thank-You