



DOG ADOPTION APPLICATION

940 Little Britain Road New Windsor, NY 12553 845-564-6810
www.HudsonValleySPCA.org info@HudsonValleySPCA.org

To be considered for an adoption, you must: 1) be 21 years of age. 2) have the **knowledge and consent of all adults** living in the household. 3) understand that completing an application *does not guarantee* adoption; the Hudson Valley SPCA first must approve your application. When you adopt a dog or puppy keep in mind that you are making a 10-20 year commitment to the animal.

Today's date: _____ Name of dog: _____

Applicants Name(s): _____ Age _____

_____ Age _____

Address: _____ Zip: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

HOME ENVIRONMENT

Do you live in a: House _____ Condo _____ Apartment _____ Mobile Home _____ (check one please)

Do you own this home? _____ Who is the *homeowner* on record _____

Do you rent? _____ Who *signed* the lease? _____

If you rent, Landlord's name **and** phone number: _____

How long have you lived at this address: _____

Employer: _____ How long have you worked there? _____

How many people live in the home? _____ Their ages (include yourself) _____

Does anyone in the household have known allergies to any animals? Yes No (circle one)

What will you do if someone in your home becomes allergic to this *dog*? _____

Do you have a fenced yard? Yes No (circle one) If so, how high is the fence? _____

ANIMAL CARE INFORMATION

How will you provide for this dog if you are away/must travel? _____

Where will this dog be kept most of the time? _____

How many hours a day will this dog be left alone? _____ Where when alone? _____

Do you plan to crate your dog/when? _____

How often do you plan to exercise this dog? _____

Are you planning on moving in the next year? Yes No (circle one)

In the event of a change in living situation, financial, health, or other serious crisis, if you are no longer able to care for your dog, you agree to return him/her to the HVSPCA. We want to prevent any animal from ending up in a kill shelter.

SIGN:

VETERINARY REFERENCE

If you have a pet now/had one in the last five years please fill out the following (if it has been longer than five years or you never had your own pet please skip to the next section):

Name of animal _____ Type/Breed _____

Age: _____ Male Female (circle one) Spayed/Neutered: Yes No (circle one)

Last vet visit (mm/yy): _____

Name of vet office (with area code): _____

Vet phone number: _____

Where is this animal now? _____

When did you get the animal? _____ Where did you get the animal? _____

Have you ever euthanized an animal? Yes No (circle one) *If yes, For what reason?* _____

Our mission is to provide good homes for abandoned and neglected animals. Our first step is to insure they are healthy by providing them with vaccines and spaying/neutering which costs us-minimally- \$300. We receive no funding from any private or government agency and depend solely donations which enable us to take in and prepare animals for adoption. Though we do not have a set fee, we would appreciate an adoption donation that will give another dog the same chance the dog you plan to adopt will have.

PERSONAL REFERENCES:**PLEASE PROVIDE THREE REFERENCES, ONE FAMILY AND TWO NON-FAMILY:**

1) Name (first & last): _____

Phone Number: _____

2) Name (first & last): _____

Phone Number: _____

3) Name (first & Last): _____

Phone Number: _____

By signing below, I certify that the above information given is true and correct and I recognize that any misrepresentation of facts will result in my losing the privilege of adopting a pet. The HVSPCA reserves the right to seize a dog from us if it being abused, neglected, mistreated in any way or is being kept in an unsafe or unfit situation. Dogs adopted as bonded pairs must stay together. I also give my veterinarian permission to release any vet care records and information about my current, past and future pets to the Hudson Valley SPCA. I also understand that the Hudson Valley SPCA has the right to deny my request to adopt.

SIGNATURE: _____ DATE: _____