



# HVSPCA Adoption Application

940 Little Britain Road | **New Windsor, NY 12553** | 845.564.6810

44 Police Drive | **Goshen, NY 10924** | 845.294.3984

[www.HudsonValleySPCA.org](http://www.HudsonValleySPCA.org) | [info@HudsonValleySPCA.org](mailto:info@HudsonValleySPCA.org)

In order to be considered for adoption you must:

- 1) Be 21 years of age or older
- 2) Have the consent of all adults living in the household
- 3) Understand that an animal is a 10-20 year commitment
- 4) Understand that completing this application does NOT guarantee adoption

Today's Date: \_\_\_\_\_ Type of Pet: Dog / Cat Animal Name: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Cell PH: \_\_\_\_\_ Home PH: \_\_\_\_\_ Email: \_\_\_\_\_

## HOME ENVIRONMENT / EMPLOYMENT

Home Type: House \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Mobile Home \_\_\_\_\_ (check one please)

For Mobile Home: Do you own the land? If not, please provide the name & phone number of the land/park owner: \_\_\_\_\_

For Condo: Is there a Condo Association contact? \_\_\_\_\_

Do you own this home? Yes / No Homeowner on record: \_\_\_\_\_

Do you rent? Yes / No Who signed the lease? \_\_\_\_\_

If you rent, Landlord's name and phone number: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

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 the animal?  
\_\_\_\_\_

For dogs: Do you have a fenced yard? Yes / No (circle one) How high is the fence? \_\_\_\_\_

Do you: Work    Attend School    Retired    Other \_\_\_\_\_

Name of Employer / School: \_\_\_\_\_

Employer: \_\_\_\_\_ How long have you worked there? \_\_\_\_\_

\_\_\_\_\_

**ANIMAL CARE INFORMATION**

How will you provide for the animal if you are traveling? \_\_\_\_\_

Where will the animal be kept most of the time? \_\_\_\_\_

How many hours a day will the animal be alone? \_\_\_\_\_ Where when alone? \_\_\_\_\_

For dogs: Do you plan to crate your dog? Yes / No When? \_\_\_\_\_

Are you planning on moving in the next year? Yes / No

Please list anyone besides yourself who will be responsible for medical and primary care of the animal:  
\_\_\_\_\_

Is there someone who is able and willing to care for this animal if you become unable to do so?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**To ensure our animals are healthy, we provide them with vaccines and spaying/neutering. This costs us minimally \$300 for dogs and \$150 for cats. We receive no funding from any agency and depend solely on donations. A donation to match those costs will give another dog or cat a chance at a better life, like the animal you wish to adopt will have.**

## PET INFORMATION (PAST & CURRENT)

If you have/had any animal(s) in the last five years, enter their information here. Please list all pets! You may use the blank space below to list what doesn't fit here. If you have never had a pet, please enter N/A and skip to the next section.

Animal Name: \_\_\_\_\_

Species/Breed: \_\_\_\_\_

Age \_\_\_\_\_ Male / Female Spayed/Neutered: Yes / No (Cats) De-clawed? Yes / No

Where are they are today? Lost Re-homed Surrendered to Shelter Deceased

If deceased, please specify age and circumstances: \_\_\_\_\_

\_\_\_\_\_

When/Where did you get this animal? \_\_\_\_\_

\_\_\_\_\_

Have all cats been tested for FIV & FeLV (Feline Aids & Leukemia)? Yes / No

Results? Negative / Positive for - Aids - Leukemia

Have you had any pets in the past five years who are not listed? Yes / No

\_\_\_\_\_

## VETERINARY REFERENCE

Please notify your vet that we will be in touch with them. They cannot release any information to us without your permission and this will delay processing your application!

Last Vet Visit (mm/yy) \_\_\_\_\_

Vet Office: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Vet PH: \_\_\_\_\_

Have you ever euthanized an animal? Yes / No

If yes, what was the reason: \_\_\_\_\_

## PERSONAL REFERENCES

Please provide **three** references, **one family** and **two non-family**. Please print.

1) Name (first and last) \_\_\_\_\_

Phone (with area code) \_\_\_\_\_

2) Name (first and last) \_\_\_\_\_

Phone (with area code) \_\_\_\_\_

3) Name (first and last) \_\_\_\_\_

Phone (with area code) \_\_\_\_\_

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## APPLICATION DISCLAIMER

**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 from the HVSPCA. The HVSPCA reserves the right to seize an animal from me if it is being abused, neglected, mistreated in any way or is being kept in an unsafe or unfit situation. Animals adopted as bonded pairs must remain together. I also give my veterinarian permission to release any vet care records and information about my current, past, and future pets to the HVSPCA. I also understand that the Hudson Valley SPCA has the right to deny my request to adopt.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_