

DOG ADOPTION APPLICATION



Dog's Name: _____	Date: _____
Approved By: _____	Counselor: _____

1. Adopter's Full Name: _____

2. Spouse/Partner's Name: _____

3. Street Address: _____ Unit # _____ City: _____ Zip: _____

4. Mailing (if different): _____ City: _____ Zip: _____

5. Home Phone: _____ Cell Phone: _____

6. Occupation: _____ Spouse/Partner's Occupation: _____

7. Your date of birth: _____ DL/ID # _____

8. Email Address: _____ Work Phone: _____

9. Microchip Registration Information: If you decide to adopt and your application is approved, we will need to register your dog's microchip. Please provide the name and at least one phone number of someone that is willing & able to take care of your animal if you are unreachable:

Contact's Full Name: _____ Phone: _____ Phone: _____

10. Are there any other adults living in the household? Yes No If so, how many? _____

11. Any children living in the house or visiting frequently? Yes No If so, how many? _____

- What are the children's ages? _____

12. What type of residence will you and your dog live in?

House Townhouse Apartment Condo Mobile Home

Other: _____

13. Who will be the dog's primary care-taker? _____

14. Do you own, rent, or live with your parents? _____

- If you rent, please fill in the following fields:

Landlord's Name: _____ Phone: _____ Any Limitations? _____

15. Where will the dog be kept when no one is home? _____

16. Where will the dog be kept when someone is home? _____

17. How many hours/day will the dog be without humans? _____

18. Do you have a fenced-in yard? Yes No What type of fence? _____ How Tall? _____

19. Where will the dog sleep? _____

20. How do you intend to exercise the dog? _____

21. Do you intend to obedience train your dog? _____

22. Have you ever had to relinquish a pet to a shelter, rescue, relative, friend or anyone else? Yes No

If so, please describe the circumstances: _____

23. What will you do if your dog develops behavior problems? _____

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24. Please Tell Us About Your Present & Past Pets:

Name: _____ Type: _____ Age: _____ Spay/Neutered? _____ Do you still have this pet? _____ How long have you had/did you have this animal? _____ • If not, why? _____ Where does/did this pet live?(Outside, inside, garage, etc) _____
Name: _____ Type: _____ Age: _____ Spay/Neutered? _____ Do you still have this pet? _____ How long have you had/did you have this animal? _____ • If not, why? _____ Where does/did this pet live?(Outside, inside, garage, etc) _____
Name: _____ Type: _____ Age: _____ Spay/Neutered? _____ Do you still have this pet? _____ How long have you had/did you have this animal? _____ • If not, why? _____ Where does/did this pet live?(Outside, inside, garage, etc) _____

25. What behaviors (if any) would cause you to give a dog up? _____

26. Do you have a back-up plan for your dog if you die, become unable to care for him/her or have to move and cannot take your dog with you? Yes No → If "Yes", Please describe: _____

27. If you are unable to be at home with your dog for a lengthy period of time who will take care of the dog in your absence? _____

28. Would you agree to a home visit to ensure it is a safe environment for the dog? Yes No

29. Please describe any physical limitations that may restrict the size/temperament of the dog you adopt: _____

30. In addition to yearly exams & vaccinations, your dog may become ill or need emergency care. Are you financially able to provide for the medical needs of your dog? Yes No

31. Who is your current veterinarian? _____

32. What is your primary reason for wanting a dog? _____

33. Which dog(s) you are interested in adopting? _____

• Why this particular dog? _____

34. How did you hear about us? Petfinder SPCA Website Other: _____

Staff Use Only:

Notes: _____

Health Waiver



The Santa Cruz SPCA makes every attempt to place healthy animals for adoption. All adoptable animals have been tested for common diseases and have been started on a basic vaccination program as indicated on the medical history record. However, given the nature of our work, no guarantees can be made regarding the underlying health or behavior of our animals. We advise all adopters to schedule a visit with their animals' veterinarian within 3-5 days after adoption. Your veterinarian may recommend additional testing or vaccinations to protect your new companion.

I, _____, on this _____ day of _____, _____, am adopting _____ from the Santa Cruz SPCA. I am aware that this animal has not received a thorough veterinary examination and that the Santa Cruz SPCA cannot verify any medical history, previous or present. Certain conditions may exist in this animal that the Santa Cruz SPCA is not aware of. *The Santa Cruz SPCA assumes no liability for any health conditions or their treatment.*

I understand that the following conditions have been identified in this animal, and agree to provide appropriate veterinary care for these and any other related condition(s):

I also agree to make reasonable attempts to provide veterinary care for any existing conditions, and am committed to providing medical attention to this animal in the future as the need arises. I understand if I cannot fulfill this, or any part of my adoption contract, that I am to return this animal to the Santa Cruz SPCA.

Print Name: _____

Sign: _____ Date: _____

Santa Cruz SPCA Rep: _____



SPCA ADOPTION CONTRACT

Adopter must fill out and sign once application has been approved.

The Santa Cruz SPCA agrees to give the adopter possession and control of the animal described for so long as they comply with the terms of this contract. I, as the adopter, agree that:

1. The Santa Cruz SPCA makes every effort to adopt only healthy animals, but they cannot guarantee the health of any animal. I agree not to hold the SPCA responsible for any future medical treatment of this animal.
2. I will accept this animal as a household pet and companion and will keep it as such. I will comply with all state and local laws and ordinances related to the keeping and care of this animal.
3. I agree to have the animal wear a collar and display appropriate licensing or identification at all times.
4. I assume all responsibility for the well-being of my adopted companion and will provide him/her with devoted and humane care and treatment. I will provide a regular program of preventative health care through a licensed veterinarian.
5. I will never allow my adopted companion animal to be used for experimentation, dog fighting, as a guard dog or any other commercial or utilization activity.
6. I give permission to the SPCA of Santa Cruz County to investigate the premises where the animal is kept and to reclaim the animal, if in their judgment the animal is not being cared for properly, or if I have not complied with the provisions of this agreement.
7. To safely return my adopted companion animal, and further not to sell, trade, give away or abandon the animal.
8. I am aware that animals are different from human beings in their response to human action; that the actions of animals are often unpredictable – and the SPCA makes no representation as to the behavior or temperament of animals available for adoption. I hereby accept possession and title of this animal at my own risk, and hereby release and wave any right against the SPCA which I may have now or in the future for any damages to persons or property caused by this animal.

Signature: _____

Date: _____