



# ANIMAL ADOPTION AGREEMENT

## Wyoming County SPCA

808 Rt. 98 • Attica, NY 14011 585-591-3114

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

### YOU MUST READ AND SIGN THE FOLLOWING STATEMENT:

I, \_\_\_\_\_, fully understand that any false or misleading information provided by me on this application may result in an automatic denial of adoption. I also understand that if I am denied as a result of providing false information on this application, the adoption fee will NOT be refunded.

Adopter's Signature \_\_\_\_\_

Please give 3 references. (name, address & phone)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you live in-

- country home    city home    trailer park    apartment    other \_\_\_\_\_

Do you-

- own    rent If you rent we must verify with your landlord that you can have a pet.

Landlord's Name/Phone Number \_\_\_\_\_

1. Have you ever adopted a pet from the SPCA?  Yes (Approx. when \_\_\_\_\_)  No
2. Have you ever turned an animal in to a shelter before?  Yes (when/why \_\_\_\_\_)  No
3. Why are you considering adopting a pet? \_\_\_\_\_
4. Are there other pets living in your home?  Yes  No
 

Type _____ age _____ Spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current on vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type _____ age _____ Spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current on vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type _____ age _____ Spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current on vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is your cat Leukemia tested?  Yes  No
6. If you have no pets currently, have you ever owned a pet?  Yes  No What happened to your pet(s) \_\_\_\_\_
7. For what purpose are you adopting this animal?  family pet    watchdog    hunting    other \_\_\_\_\_
8. **ALL ANIMALS FROM THIS SHELTER ARE FOR HOUSEHOLD PETS ONLY.**  
Are you willing to keep this pet in the house and not chained out?  Yes  No -explain \_\_\_\_\_
9. If you are gone more than 24 hours, who will care for your pet? \_\_\_\_\_
10. It may take up to 2 months or longer for your new pet to adjust to a new home.  
Are you prepared to allow it this much time?  Yes  No
11. The average life expectancy of a dog is 10-15 years and a cat 15-20 years.  
Will you be able to care for this animal for it's entire life?  Yes  No
12. Do you currently have a veterinarian ?  Yes  No  
Vet's Name/Address \_\_\_\_\_
13. Pets are required to be vaccinated for rabies.  
Can you guarantee this pet will always have current vaccinations after it leaves this shelter?  Yes  No
14. The shelter policy is that all pets be spayed or neutered.  
Do you agree with this policy  Yes  No
15. This shelter does not allow cosmetic surgery on any pets.  
Do you plan on having cosmetic surgery done on your pet?  Yes  No
16. If for any reason you can not keep this pet you must notify us. **DO NOT TAKE THIS PET TO ANOTHER SPCA.**
17. Please list the ages of children living in your household or frequently visit your home. \_\_\_\_\_
18. Are you aware of anyone with allergies to pets living in your home?  Yes  No
19. Are you currently a member of the Wyoming County no-kill SPCA?  Yes  No
20. Would you like to become a member  Yes  No (if yes ask for details)

(over)

*Before you leave today, be sure this is the pet you want and that you will be committed to caring for it throughout its entire life. Be sure that you can give it the attention and love that it deserves. Also, remember that the animal may have been through a traumatic experience and that it is stressful for an animal in a cage. You must have patience and give your new pet extra time to adjust to its new family.*

*Also, please understand that once your new pet leaves the SPCA shelter, it is totally your responsibility. If you have trouble with your new pet adjusting, we will try in every way with suggestions and ideas. If for some reason you decide not to keep the animal it must be returned to the Wyoming County SPCA unless other arrangements are made with the Wyoming County SPCA management.*

**PLEASE READ AND SIGN:**

I understand fully the previous questions and have answered them to the best of my knowledge. I also understand that any representations as to the nature of the pet are based on facts given by the previous owner aided by conclusions from the SPCA personnel and are in no way guaranteed. The terms of this agreement are under contract and if at any time I fail to abide by these terms or if the SPCA feels that the animal in my custody is not being properly cared for, I may be subjected to a fine, the animal may be repossessed, or both.

Lastly, I understand that refunds will not be given under any circumstances. (Sick animal returned within 10 days, accompanied by a veterinarian's certificate will entitle me to another animal).

New Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Be sure that the animal is fed daily, has a constant supply of clean, fresh water and is provided with proper shelter if they are outside for any length of time.

*We hope that you and your new pet will be happy and compatible.*



Thank you for helping the Wyoming County no-kill SPCA by providing a homeless animal with a HOME!!!!

To be completed by SPCA employee only:  STATE VOUCHER # _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>Adoption Number:</b></td> </tr> <tr> <td style="padding: 2px;"><b>Dog License Number:</b></td> </tr> <tr> <td style="padding: 2px;"><b>Today's Date:</b></td> </tr> </table>	<b>Adoption Number:</b>	<b>Dog License Number:</b>	<b>Today's Date:</b>
<b>Adoption Number:</b>				
<b>Dog License Number:</b>				
<b>Today's Date:</b>				
Date of Adoption: _____ Adoption #: _____				
Animal's Name: _____ Male Female				
Distemper Vaccination given on: _____ By: _____				
Rabies Vaccination given on: _____ By: _____				
Spayed/Neutered on: _____ By: _____				
Adoption: APPROVED      DENIED (reason _____)				
Employee's Signature: _____	Date: _____			