



Adoption Application

Animal's Name: _____ Canine Feline Small Animal (Circle One)

Name: _____

Address: _____

City: _____ Twp/Boro: _____ State: _____ Zip Code: _____

Phone # 1: _____ Phone # 2: _____

Email Address: _____ (please print clearly)

Household Information Do You (Circle One): Own Live with Family Rent

Landlord's Name: _____ Phone Number: _____

Housing Type (Circle One): House Condo Apartment Mobile Home Farm

How many people live in your household? _____ Ages of children living in the household: _____

Ages of children who come to visit: _____ How often do they visit? _____

Are the adults in your household aware that you plan to adopt? YES NO

Are you adopting for yourself or as a gift? YOURSELF GIFT Is this your first pet? YES NO

Why do you want a pet? House Pet Watch Dog Gift For Other Pet For Child Other

When outside, will pet be WALKED/ TIED/ FENCED If fenced, Type _____ Height _____

Current Pets Total number of pets in home _____ Dogs _____ Cats _____ Other _____

Name: _____ Breed: _____ Age: _____ Spayed/ Neutered _____

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Previous Pets Total number of pets in home _____ Dogs _____ Cats _____ Other _____

Please list any other pets you have owned in the past 5 years *but no longer have*:

Name: _____ Breed: _____ Years Owned: _____ What happened to this pet? _____

Veterinary Information

Name of Veterinary Hospital/Clinic: _____ Phone Number: _____

Are your pets listed under your name? YES NO If no, whose name are they under? _____

Statement of Understanding

I hereby give the Bucks County SPCA my permission to contact my landlord, if applicable, and my veterinarian to verify any of the information supplied in this application.

Signature of Prospective Adopter: _____ Date: _____

For Office Use Only

Application Interview Conducted by Initials: _____ Date: _____ Time: _____
P#: _____ ID #: _____ State _____ DOB: _____

Eval and Training instructions Read by _____ Date _____

Meet and Greet Date #1 _____ Time _____ Done by _____ Notes:
#2 _____ Time _____ Done by _____ Notes:

Ever owned animal with Health/Behavior Problem? Explain

Follow-Up Needed? YES NO (circle all that apply)

Landlord Approval Family Approval/Meet Vet Check Dog Meet and Greet Other _____

Notes :

First Time pet owners? YES NO

Dog Adoption

Walked/Tied/Fenced _____ Fence, Type: _____ Height: _____

Do you plan to crate/confine this dog? YES NO Dog will be alone for _____ hours each day.

Do you plan to do obedience classes? YES NO BCSPCA Classes? YES NO

Cat Adoption

Cat will be: Indoor Only Outside Combination Do you plan to declaw? YES NO UNSURE

Would you like information on alternatives to declawing? YES NO

Do you have a plan to introduce the cat into your household? YES NO NEED ADVICE

Follow-Up Initials: _____ Date: _____

Notes: _____

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Notes: _____

Follow-Up Initials: _____ Date: _____

Notes: _____

Application Approved? YES NO

Approved Order #: _____

Microchip Sticker