



**HUMBOLDT & DISTRICT SPCA
ADOPTION APPLICATION**

NAME:		DATE:	
ADDRESS:			
CITY:		PROVINCE:	POSTAL CODE:
HOME PHONE:	CELL PHONE:		WORK PHONE:
EMAIL ADDRESS:		OCCUPATION:	
HOBBIES:			

Residence Type: House Apartment Farm Acreage

Fenced Yard? Yes No

Do you own or rent: _____

Does your landlord permit pets? Yes No

Landlords name: _____ Phone: _____

Have you owned an animal in the past 5 years?

TYPE/BREED	AGE	SEX	VACCINES UP TO DATE	LENTGH OWNED
		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> SPAYED/NEUTURED	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> SPAYED/NEUTURED	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> SPAYED/NEUTURED	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> SPAYED/NEUTURED	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Have you ever surrendered an animal to any humane society/shelter? Yes No

If yes, please explain: _____



Are there any know allergies or asthma in your family? _____

Describe the animal you are interested in adopting: _____

Age of animal: _____

Reason for adopting new dog/cat: _____

Have you adopted a companion animal before? Yes No

Have you chosen a veterinarian? Yes No

If yes, who? _____

Do you agree to license and give regular health care to your newly adopted pet?

Yes No

Are you prepared and able to make a lifetime commitment to care for and keep this dog/cat as a companion pet? Yes No

Please provide the name, address and phone number of three references (no family members)

NAME:	ADDRESS:	PHONE NUMBER(S):
NAME:	ADDRESS:	PHONE NUMBER(S):
NAME:	ADDRESS:	PHONE NUMBER(S):

Adoption Approved Denied Reason: _____