



SPCA  
CHAUTAUQUA COUNTY HUMANE SOCIETY, INC.

2825 Strunk Road, Jamestown, NY 14701  
Phone: 716-665-2209 Fax: 716-665-2615

PET ADOPTION APPLICATION

Pet of Interest: Dog\_\_\_\_\_ Cat\_\_\_\_\_ Other\_\_\_\_\_

1. Why do you wish to adopt this pet? (Check all that apply)

Companion for self\_\_\_\_ Companion for child\_\_\_\_ Companion for someone else\_\_\_\_ Who?\_\_\_\_\_  
Companion for other pet\_\_\_\_ Breeding\_\_\_\_ Working (Herding, Hunting, Guarding, Mousing)\_\_\_\_

2. Who will be primarily responsible for the pet's care?\_\_\_\_\_

3. Are you over 18? Yes\_\_\_\_ No\_\_\_\_

4. Do you live alone? Yes\_\_\_\_ No\_\_\_\_

5. I live:

In a house\_\_\_\_ in an apartment\_\_\_\_ in a mobile home\_\_\_\_ with my parents\_\_\_\_

6. I Own\_\_\_\_ Rent\_\_\_\_ and have lived here\_\_\_\_\_ (how long at address)

If you rent, do you have your landlord's permission to own a pet? Yes\_\_\_\_ No\_\_\_\_

Landlord's Name:\_\_\_\_\_ Landlord's Phone:\_\_\_\_\_

7. Does anyone in the household have allergies to animals? Yes\_\_\_\_ No\_\_\_\_

8. How many / what other animals live in your home?

None\_\_\_\_ Cats\_\_\_\_ Dogs\_\_\_\_ Other\_\_\_\_ (explain)\_\_\_\_\_

Type/Breed	Age	Spay/Neuter	Vaccines Current	Length Owned	Brought to meet?
_____	_____	Yes____ No____	Yes____ No____	_____	Yes____ No____
_____	_____	Yes____ No____	Yes____ No____	_____	Yes____ No____
_____	_____	Yes____ No____	Yes____ No____	_____	Yes____ No____

9. How many hours a day is your pet going to be without HUMAN companionship? \_\_\_\_\_

10. Do you plan on leaving your pet alone in the house? Yes\_\_\_\_ No\_\_\_\_

In a crate/cage\_\_\_\_ Confined to a room/area\_\_\_\_ Will have run of the house\_\_\_\_

11. Do you plan on leaving your pet outside? Yes\_\_\_\_ No\_\_\_\_

Tied\_\_\_\_ In a fenced yard\_\_\_\_ In a barn/garage\_\_\_\_ Other\_\_\_\_ (explain)\_\_\_\_\_

12. How many hours a day will the pet be outside? \_\_\_\_\_

13. How active is your family? Not very active\_\_\_\_ Active\_\_\_\_ Very active\_\_\_\_

14. Are your activities mainly? Indoors\_\_\_\_ Outdoors\_\_\_\_

15. How much grooming are you willing to do?

None\_\_\_\_ Occasional\_\_\_\_ Once a week\_\_\_\_ Daily\_\_\_\_

16. Most shelter pets have unknown medical histories. The average annual cost of medical care for a pet is \$250 - \$300. Are you prepared to provide both preventative care (yearly vaccines) and emergency care (illness or injuries) for this pet? Yes\_\_\_\_ No\_\_\_\_

17. How often do you expect to visit a veterinarian each year? \_\_\_\_\_

18. Who is your veterinarian? \_\_\_\_\_

19. Do you expect to move within the next three years? Yes\_\_\_\_ No\_\_\_\_

Plans: \_\_\_\_\_

20. Who would take care of your pet if you cannot (vacation/emergency/illness)?  
\_\_\_\_\_

21. What circumstances would lead you to return your pet to us? \_\_\_\_\_  
\_\_\_\_\_

22. Do you understand that we cannot guarantee the breed/age listed is correct?

Yes\_\_\_\_ No\_\_\_\_

23. The average life span of a pet is 10-20 years. Are you ready to provide this pet with a permanent home for the rest of it's life? Yes\_\_\_\_ No\_\_\_\_

24. Has a pet died in your home within the past 3 months? Yes\_\_\_\_ No\_\_\_\_

If so, from what? \_\_\_\_\_

25. Have you ever adopted a pet from us before? Yes\_\_\_\_ No\_\_\_\_

Under your current name? Yes\_\_\_\_ No\_\_\_\_ If no, what name? \_\_\_\_\_

Do you still have the pet? Yes\_\_\_\_ No\_\_\_\_

If not, what happened to it? \_\_\_\_\_

### **DOG Applicants**

1. What ADULT size pet would you like? Very small\_\_\_\_ Small\_\_\_\_ Medium\_\_\_\_ Large\_\_\_\_

2. Have you had any experience in housetraining? Yes\_\_\_\_ No\_\_\_\_

3. Have you had any experience in obedience training? Yes\_\_\_\_ No\_\_\_\_

4. Are there any specific activities you would like your pet to be able to participate in?  
\_\_\_\_\_

5. How will your dog relieve itself? Yard\_\_\_\_ Leash\_\_\_\_

6. Do you have a dog house? Yes\_\_\_\_ No\_\_\_\_

### **CAT Applicants**

1. Will your cat be? Indoor\_\_\_\_ Outdoor\_\_\_\_ Both\_\_\_\_

2. How many CATS do you currently have? \_\_\_\_\_

If more than one cat, how many litter boxes do you have? \_\_\_\_\_

3. Are you willing to provide a scratch post and various things a cat needs? Yes\_\_\_\_ No\_\_\_\_

## PET ADOPTION INFORMATION

In an effort to reduce the pet over-population problem, all CCHS cats and dogs (and some other species) must be spayed/neutered prior to going to their new homes. If your pet is not already altered, CCHS staff will make arrangements for surgery. The adopter will be provided information on when the pet may be picked up. In a very small number of cases, pets do not survive spay/neuter surgery. In the event a pet dies during surgery, the adopter will be notified and can either select another pet, or have his/her deposit refunded. Complications that arise after a pet has been adopted are the financial responsibility of the adopter.

All CCHS pets available for adoption are de-wormed and receive age appropriate vaccinations prior to their release to new owners. All dogs and cats 12 weeks of age and older will be vaccinated against rabies, per New York State law.

All cats selected for adoption are tested for Feline Leukemia prior to. Any cat that tests positive for this virus will not be released for adoption, and the adopter will be notified to either select another cat, or have his/her deposit refunded. All cats testing negative for the Feline Leukemia virus will be given a vaccine to prevent this disease. THEY WILL NEED TO GET A 2<sup>nd</sup> BOOSTER SHOT IN 3 WEEKS at the adopter's own veterinarian. If a kitten is under the age of 9 weeks of age, or as recommended by the adopter's veterinarian, as the virus is sometimes unable to be detected at an early age.

New York State requires that all formerly stray dogs and puppies be licensed. It is CCHS policy that all other dogs (non-strays) also be licensed at the time of adoption. CCHS staff will complete the paperwork, and licensing fees are included in the adoption fee.

All cats and dogs adopted from CCHS will have a permanent tattoo "HS" on one ear, and will also receive an identification tag with a CCHS number. This tag should be transferred to a permanent collar. We can also microchip your pet (for an additional fee). Pets may also have an identification number tattooed on their inner thigh at the time of surgery.

Most shelter pets have an unknown medical history, and CCHS does everything it can to ensure that all adoptable pets are healthy. **HOWEVER, CCHS WILL NOT BE RESPONSIBLE FOR COSTS INCURRED IN TREATING MEDICAL CONDITIONS AFTER ADOPTION OF THE PET. All medical costs incurred after adoption are the responsibility of the adopting party.**

### **CCHS RESERVES THE RIGHT TO DENY ANY ADOPTION**

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**I certify that the information I have given is true, to the best of my knowledge.**

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

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

Township (where you pay taxes): \_\_\_\_\_

#### **For Office use only**

Adoption Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Animal ID: \_\_\_\_\_ Microchip #: \_\_\_\_\_