

CAPE BRETON SPCA ADOPTION APPLICATION

CIRCLE ONE OF THE FOLLOWING
cat dog other

The purpose of this form is assist us in choosing the best home for each animal in our care and to also find the best suitable match for your household. To qualify f or adoption, the following must be met:

1. All appropriate sections of this form must be completed
2. The form must be filled out by the person adopting the animal
3. The adopter must be a least 19 years of age
4. All members of the household must agree to the adoption of the animal

The Cape Breton SPCA reserves the right to **decline any application**

Please initial that you have read and understood this _____

All animals adopted from the shelter **must be spayed/neutered**. Routine sterilization is covered by our adoption fee. Please initial that you have read and understood this _____

NAME.....ADDRESS.....

CITY.....POSTAL CODE.....HOME PHONE.

WORK#.....CELL#.....EMAIL.....

ID (drivers license) #..... verified by SPCA staff

1. Do you: rent-own- live with parent
If renting landlord name and phone

2. Circle all that apply: work outside the home - work at home - student - retired

3. Where will the pet be during the day

4. Where will the pet sleep at night.....

5. How many adults are in the home Children and ages.....

6. Please circle reason for wishing to adopt from the SPCA

Companion breeding hunting guard dog gift for a child barn cat mouser

7. Have you adopted from SPCA in the past Y N

8. How long have you been planning to adopt a pet.....

9. If you are APPLYING TO ADOPT A CAT please answer the following

Will the cat be indoor or outdoor

10 If you are **APPLYING TO ADOPT A DOG** please answer the following

How many times a day will you walk/exercise the dog

How do intend to housetrain the dog

Do you have a fenced in yard Y N

Do you plan to tie or kennel the dog outside Y N

If yes for what period of time.....

11 Do you have a veterinarian, if yes Clinic.

PERSONAL REFERENCES

1 .NamePhone.

Relationship to applicant

2. NamePhone.

Relationship to applicant

I certify that the above information is true and that any false information may result in the nullifying of this application

Signature Date

Shelter employee signature

I am applying to adopt an animal from the SPCA and hereby expressly authorize my veterinarian and any to its clinic or office staff to release confidential information concerning me, my animals, their health and history with the clinic to representatives of the SPCA. I understand that this information will be used to verify my suitability as an adopter of a pet from the SPCA and that my veterinarian requires this, my written consent to release such person and confidential information as the SPCA and its representatives my require.

Print Name

Signature Date.....

Witness:.....

Please ensure that a staff member goes over the application with you and answers any questions that you may have.