



## Yarmouth S.P.C.A. Adoption Application

Dog   
 Cat  Animal's Name \_\_\_\_\_ & Number \_\_\_\_\_  
 Other  Date \_\_\_\_\_ & Time \_\_\_\_\_

This completed questionnaire is a means of assisting our staff in finding a good home for each animal and a suitable pet for you. In order to be considered for an adoption, you must have the knowledge and consent of all members of the household, be 18 years of age, have valid identification with current address, have your landlord's name and phone number and understand that the Yarmouth S.P.C.A. must **approve** your application before you can adopt.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Spouse \_\_\_\_\_

Civic Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

1. How long have you lived at this address? \_\_\_\_\_

2. Do you live in a: House  Townhouse  Apartment  Unit/Floor \_\_\_\_\_  
 Rented  Owned

3. Are pets allowed in your residence? Yes  No

4. Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

5. Are you: Attending School  Working  Retired

6. If you have children please list their ages: \_\_\_\_\_

If you don't have children what do you plan to do with your pet if you do? \_\_\_\_\_  
 \_\_\_\_\_

7. How many adults are in the home? \_\_\_\_\_

8. Which member of your household will be responsible for the following -  
 Feeding? \_\_\_\_\_ Training? \_\_\_\_\_

9. Please check all of the following reasons why you are adopting a pet:

Companion  Gift  Breeding  For a child  Hunting   
 Guard Dog  Barn cat  Mouser  Company for a pet

10. List below the pets you own or have owned in the past 10 years?

| Breed | Was pet kept indoors/outdoors/tied up | Age | Sex | Fixed | Still Owned |
|-------|---------------------------------------|-----|-----|-------|-------------|
|       |                                       |     |     |       |             |
|       |                                       |     |     |       |             |
|       |                                       |     |     |       |             |
|       |                                       |     |     |       |             |
|       |                                       |     |     |       |             |

11. Do you have a regular veterinarian? Yes  No   
 Name of Vet \_\_\_\_\_ Phone \_\_\_\_\_  
 Can we contact your veterinarian regarding this application? Yes  No
12. What vaccinations has your pet had in the last year? \_\_\_\_\_
13. If you no longer own your pets, what became of them? \_\_\_\_\_
14. Have you had a pet that has died from a contagious disease or of unknown causes in the last three months? Yes  No
15. Have you ever adopted a pet from the Yarmouth S.P.C.A. before? Yes  No   
 What became of it? \_\_\_\_\_
16. Does anyone in your home have allergies to animals? Yes  No
17. If you move, what will you do with your pet? \_\_\_\_\_
18. What will you do with your pet when you go on vacation? \_\_\_\_\_
19. How much do you anticipate you will spend **yearly** to vaccinate, licence and provide medical care for you pet? \_\_\_\_\_ & **monthly** to feed? \_\_\_\_\_
20. Do you plan to spay or neuter your pet? Yes  No
21. If adopting a female do you plan to let it have a litter before spaying? Yes  No
22. This pet will be alone for \_\_\_\_\_ hours/day \_\_\_\_\_ days/week.
23. Where will the pet be kept when no one is at home? \_\_\_\_\_  
 When someone is home: During the day? \_\_\_\_\_ At night? \_\_\_\_\_
24. Are you prepared to allow for an adjustment period of two weeks? Yes  No
25. What type of I.D. will you use for your pet? \_\_\_\_\_
26. How long have you planned on adopting a pet? \_\_\_\_\_
27. How long do you plan on keeping your pet? \_\_\_\_\_
28. How long do you expect your pet to live? \_\_\_\_\_
29. List 3 references and phone numbers (work, cell and home numbers if possible):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I CERTIFY THAT THE ABOVE IS TRUE. FALSIFIED INFORMATION OR INCOMPLETE ANSWERS MAY LEAD TO AUTOMATIC REJECTION OF THIS APPLICATION.**

**SIGNATURE:** \_\_\_\_\_

***Yarmouth Branch S.P.C.A. reserves the right to refuse adoption.***

**How did you find out about the S.P.C.A.?** \_\_\_\_\_

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 Phone - 902-742-9767 • Fax - 902-742-3610 • Email - adopt@yarmouthspca.com**