

Yard Check: _____
Property Check: _____
Vet Records: _____
Other Requirements: _____

Status: _____
CNYSPCA Rep. Signature: _____
ID: _____



CENTRAL NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS • 5878 EAST MOLLOY ROAD • SYRACUSE, NY 13211
Administration Offices (315) 454-4479
Fax (315) 454-4908

TO HELP SELECT THE PET MOST SUITABLE FOR YOU, WE ASK THAT YOU COMPLETE THIS APPLICATION. THIS APPLICATION MUST BE COMPLETED AND SIGNED BY A RESPONSIBLE PERSON 18 YEARS OF AGE OR OLDER.
ALL ADOPTIONS ARE SUBJECT TO THE APPROVAL OF THIS APPLICATION.

Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Type of Residence: *(please check one)*

- City Home Suburban Home Country Home Apartment

Do you: *(please check one)*

- Own - Town of: _____ Rent Live with Parents

Landlord Name: _____ Phone #: _____

How long have you resided at your current address? _____

How many people live in your household? _____ Adults _____ Children – Ages? _____

Are you planning to move within the next year? _____

Is this pet for you or someone else? _____

Are you currently: *(please check one)*

- Working Retired Student Other _____

How many hours per day will your pet be left alone? _____

Where will your pet spend the DAY? *(please check all that apply)*

- Loose Indoors Crate Basement Garage
 Fenced Yard Loose Outdoors Tied-up Outside Other _____

Where will your pet spend the NIGHT? *(please check all that apply)*

- Loose Indoors Crate Basement Garage
 Fenced Yard Loose Outdoors Tied-up Outside Other _____

Do you have a fenced yard? _____

Type of fence: _____ Height: _____

*** YARD CHECK MAY BE REQUIRED**

Have you owned pets in the past? _____ If yes, what has happened to them? _____

Have you surrendered a pet to an animal shelter or given your pet away? _____ If yes, please explain:

Have you ever had a pet that was:

- Hit by a car Ran away Stolen

What pets do you currently have in your household?

TYPE – dog/cat/other

BREED

AGE

TYPE – dog/cat/other

BREED

AGE

TYPE – dog/cat/other

BREED

AGE

Have your current pets been socialized with other animals? _____

Who is your present Veterinarian? _____

Since most animals in our care have an unknown medical history or behavioral background, do you agree to take the animal for a complete veterinary exam within 7-15 days, and provide any necessary medical treatment at your own expense? **YES / NO**

It may take a month or more for a pet to adjust to its new home. Are you prepared to allow this much time? **YES/ NO**

Occasionally animals need help adjusting to their new home. Are you willing to consult a veterinarian and/or take your pet to obedience classes? **YES / NO**

Do you realize a dog or cat may live 15 years or more? **YES / NO**

DOGS:

Do you prefer: *(please check ALL that apply)*

Small Breed

Medium Breed

Large Breed

No Preference

Puppy

Adult dog

For temperament and activity level, do you prefer: *(please check ALL that apply)*

High Energy

Playful

Vocal

Aggressive

Lap dog

Mellow

Affectionate

Other _____

CATS:

Do you prefer: *(please check ALL that apply)*

Short Haired

Medium Haired

Long Haired

No Preference

Kitten

Adult cat

For temperament and activity level, do you prefer: *(please check ALL that apply)*

High Energy

Playful

Vocal

Aggressive

Lap cat

Mellow

Affectionate

Other _____

Reference Name: _____ Phone Number: _____

Address: _____ City _____ State _____ Zip _____

Client Signature: _____

Date: _____ Time: _____