

Date: _____

Adoption Application
Cats and Kittens



Adams County S.P.C.A.
11 Goldenville Road
Gettysburg, PA 17325

Phone: 717-334-8876

Fax: 717-334-1338

www.adamscountyspca.org

❖ Cat you are interested in: _____

- ❖ In order to be considered an adopter, you must meet the following requirements:
 - Be at least 18 years of age
 - Have a current Drivers License or State Identification showing your current address
 - Have the knowledge and consent of your Landlord/Guardian (if applicable)
 - You must be able to provide the proper care and training needed for this specific cat
 - You must be an ACSPCA Member. This can be done during the adoption for half price.

Please be aware that it is our job to find the appropriate homes for the animals in our care. These animals have already had a traumatic life, and we need to be sure this home is the right one. False or incomplete information on this application will result in the denial of any potential adoption.

Personal Information

❖ Name: _____ Are you over the age of 18? **Yes** **No**

❖ Address: _____

❖ City: _____ Township: _____

❖ State: _____ Zip: _____ County: _____

❖ Home Phone: _____ Work Phone (or Other): _____

❖ How long have you lived at the above address: _____

❖ If Less than 5 years:

➤ Please fill in previous address if moved within the last 5 years:

❖ Address: _____

❖ City: _____ Township: _____

❖ State: _____ Zip: _____ County: _____

❖ How long were you at this address? _____

❖ ID #: _____ State of issue: _____ Type (circle one): **Military** **State** **Drivers License**

❖ Address on ID: _____

❖ Date of Birth (day/month/year): _____ E-mail Address: _____

❖ Place of employment: _____ How Long: _____

❖ Supervisor's Name: _____ Contact Number: _____

❖ If Unemployed, or if you are a student, please list your source(s) of income:

❖ Do you live in a (circle one) **House** **Trailer** **Apartment** **Townhouse**

➤ Other (explain): _____

Cat and Kitten Adoption Application:

- ❖ Do you currently (circle one): Rent Own Live with Parents
 ➤ Other (explain): _____
- ❖ Landlord / Property Manager's Name: _____
- ❖ Address: _____
- ❖ Phone Number: _____

ACSPCA Official Use Only: Technician Initials: _____ Date: _____
 Landlord Approval: _____ Date: _____

- ❖ **Please provide the following information for EACH person in your household, starting with yourself:**
- | Name | Age | Sex | Relation to yourself
(Applicant) |
|------|-----|-----|-------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

- ❖ Does anyone in you household have allergies to dog or cat hair or dander? **Yes No**
 ➤ **If yes, please explain, and are they on medication?** _____
- ❖ Does everyone in your household agree on this particular pet? **Yes No**

About Your Pets

- ❖ Is this your first experience owning a pet? **Yes No** Have you owned this type of pet before? **Yes No**
 ➤ If yes, where is this pet now? _____

❖ **Please list all of your current pets:**

Name	Species (Dog, cat, etc...)	Breed	Age	Spayed or Neutered	Kept Inside or Outside

Cat and Kitten Adoption Application:

❖ Please list any OTHER pets that you have had in the last 5 years not listed above:

Name of pet	Species (dog, cat, etc...)	Breed	Age	Spayed or Neutered	Kept Inside or Outside	Reason you no longer have this animal

❖ Who is your Family Veterinarian or Clinic Name: _____

➤ Vet. Or Clinic's Phone Number: _____

❖ Is your name listed as the Primary Owner of the listed pet(s) with the Vet or Clinic's office above? **Yes No**

❖ If you answered no, who's name is listed as the Primary Owner? _____

❖ Are your current pets up to date on their vaccinations? **Yes No**

❖ Have you ever adopted an animal from the Adams County SPCA or any other animal shelter? **Yes No**

➤ If you answered yes, do you still have the animal? If not, what is the reason and where is the animal now? _____

❖ Have you ever taken an animal to a shelter before? **Yes No**

➤ If Yes, for what reason? _____

About This Pet

❖ Is this pet to be a (circle all that apply)... Family Pet Child's pet Mouser
Gift Barn Cat Other (explain): _____

❖ Who will be responsible for the daily care of this pet? _____

❖ If you had to go on vacation, what would you do with this pet? _____

❖ If you had to move, what would you do with this pet? _____

❖ If you had to get rid of this particular pet, what would you do? _____

❖ Please circle the options below that describe the primary area where the cat will be kept:

Inside Outside Barn Outdoor pen Garage Basement
Patio or Porch Other: _____

❖ Will your cat be allowed to run loose outside? **Yes No**

❖ If this cat is not litter trained, are you willing to train it? **Yes No**

➤ *Please be aware most cats are already litter trained, but if the cat is introduced to a big environment right away, they may have a hard time finding their way back to the litter pan.*

Cat and Kitten Adoption Application:

- ❖ If your cat claws your belongings are you willing to train it? **Yes No**
 - ❖ Will shedding be a problem? **Yes No**
 - ❖ Are you financially able to afford the proper care for this pet; such as toys, bedding, veterinary care, food, etc.? **Yes No**
 - ❖ **How much do you anticipate spending on this particular pet during the course of one calendar year? _\$ _____**
 - ❖ Why have you chosen this particular pet for adoption? Please be specific as possible.
-

❖ **Have you ever been cited or convicted of a Rabies Violation? YES / NO**

➤ **If yes, please explain: _____**

❖ **Have you ever been cited or convicted of a Dog Law Violation? YES / NO**

➤ **If yes, please explain: _____**

❖ **Have you ever been cited or convicted of a Humane Violation? YES / NO**

➤ **If yes, please explain: _____**

❖ **Please list (2) references not including family members:**

Name: _____ Relation: _____ Telephone: _____

Name: _____ Relation: _____ Telephone: _____

How did you hear about this animal? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> The Adams County SPCA Web Site | <input type="checkbox"/> A friend, or relative |
| <input type="checkbox"/> The Gettysburg Times add | <input type="checkbox"/> Radio Station |
| <input type="checkbox"/> The Evening Sun Adopt-A-Pet | <input type="checkbox"/> ACTV (Adams County T.V.) |
| <input type="checkbox"/> Just stopping by | <input type="checkbox"/> Comcast Channel 10(Local T.V. Station) |
| <input type="checkbox"/> Wal-Mart Picture Board | <input type="checkbox"/> A.C.S.P.C.A. Event |
| <input type="checkbox"/> Other: _____ | |

How did you hear about The Adams County S.P.C.A.? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> The Adams County SPCA Web Site | <input type="checkbox"/> A friend, or relative |
| <input type="checkbox"/> The Gettysburg Times add | <input type="checkbox"/> Radio Station |
| <input type="checkbox"/> The Evening Sun Adopt-A-Pet | <input type="checkbox"/> Another Shelter sent you |
| <input type="checkbox"/> Have adopted from us before | <input type="checkbox"/> ACTV (Adams County T.V.) |
| <input type="checkbox"/> Just stopping by | <input type="checkbox"/> Comcast Channel 10(Local T.V. Station) |
| <input type="checkbox"/> Wal-Mart Picture Board | <input type="checkbox"/> A.C.S.P.C.A. Event |
| <input type="checkbox"/> Other: _____ | |

Cat and Kittens Adoption Application:

***The Adams County S.P.C.A. reserves the right to deny any adoption application for any reason.**

I/We understand that the Adams County Society for the Prevention of Cruelty to Animals is not able to give an guarantees on the health, training, or temperament of this animal and that the adoption fee(s) are not refundable under any circumstances. _____ (initial)

The Adams County S.P.C.A. in its struggle to give animals the best chance possible, has mandated that no canine is to be left out side alone for any longer than 8 hours, and should never be left out overnight. Also, the ACSPCA does not allow unsupervised dogs to be chained outside for any duration of time. Initialing this means that you will comply with the given conditions for your new companion. _____ (initial)

I/We understand and accept that authorized Adams County Society for the Prevention of Cruelty to Animals agents sometimes will do follow-up visits to an adopter's home to check on the care the animal is receiving and can remove the animal if unsatisfied with the viewed conditions. _____ (initial)

Unanswered questions, incomplete answers, and/or false information may result in this animal's Adoption Application being denied. The Adams County Society for the Prevention of Cruelty to Animals reserves the right to refuse adoptions. _____ (initial)

I/We give permission for the Adams County Society for the Prevention of Cruelty to Animals and/or their agents to verify this information through any available means. _____ (initial)

**Would you allow an authorized agent of the Adams County Society for the Prevention of Cruelty to Animals to inspect the animal(s) and premises where the animal will be kept?
(Please circle) Yes / No _____ (initial)**

I/We agree to have the animal to the veterinarian within 15 days for a health checkup, and vaccinations if necessary. _____ (initial)

I/We agree to have the animal Spayed/Neutered by a certified veterinarian within 30 days of adoption, or as specified on the adoption papers. _____ (initial)

I/We attest to not having a Rabies, Dog Law, or Humane Violation in the last 10 years placed on myself/us or anyone else at the residence. _____ (initial)

I/We certify that the aforementioned information is true and correct to the best of my/our knowledge. _____ (initial)

I/we attest to all the information above that it is true to the best of my knowledge, and by signing this application I give the ACSPCA the right to do the associated background checks necessary for adoption.

Print Name

Signature / Date

Secondary Print Name

Secondary Signature / Date

BLANK

ADAMS COUNTY SPCA USE ONLY:
Advised Background Checks Date Initials

1) If applicant is outside of Adams County (if more than one see reverse)

i. Local Shelter Name: _____

ii. Phone: _____ Contact Name: _____

iii. Humane Complaint Check _____

1. Results: _____

iv. Adoption History _____

1. Results: _____

v. Additional Information: _____

2) ACSPCA Humane Complaint Check _____

i. Results: _____

3) ACSPCA Adoption History Check _____

i. Results: _____

4) Veterinarian Check (If Applicable) _____

i. Name of Practice: _____

ii. Phone: _____ Contact Name: _____

iii. Results: _____

5) Landlord Approval (If Applicable) _____

i. Landlords Name: _____

ii. Phone: _____

iii. Results: _____

6) Department of Agriculture _____

i. Results: _____

7) Dog to Dog Interaction (If Applicable) _____

i. Results: _____

8) Dog to Child Interaction (If Applicable) _____

i. Results: _____

9) Manager's Approval / Denial _____

***Manager must approve any adoption of a dog that is going to a family with kids below the age of 12 years.*

If Denied List Reasons / or Background Check Numbers: _____

(STAFF: BE SURE ALL INFORMATION LISTED GOES INTO THE COMPUTER SYSTEM)

Advised Background Checks Date Initials

10) Additional Shelter Checks

- i. Local Shelter Name: _____
- ii. Phone: _____ Contact Name: _____
- iii. Humane Complaint Check _____
 - 1. Results: _____
- iv. Adoption History _____
 - 1. Results: _____
- v. Additional Information: _____

11) Additional Shelter Checks

- i. Local Shelter Name: _____
- ii. Phone: _____ Contact Name: _____
- iii. Humane Complaint Check _____
 - 1. Results: _____
- iv. Adoption History _____
 - 1. Results: _____
- v. Additional Information: _____

Any Additional Information: _____

