

**S.P.C.A. in Cattaraugus County, Inc.**  
**2944 Rt. 16-N**  
**Olean, New York 14760**

**Animal ID#:** \_\_\_\_\_  
**License #:** \_\_\_\_\_  
**Today's Date:** \_\_\_\_\_

### **Animal Adoption Questionnaire**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**You must read and sign the following statement:**

**I, \_\_\_\_\_, fully understand that any false or misleading information provided by me on this application may result in an automatic denial of adoption. I also understand that if I am denied due to providing false information on this application, the adoption fee will not be refunded.**

**Adopter's Signature** \_\_\_\_\_

Please give 5 references (Name, Address, & Phone #)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Do you live in a: (a) country home (b) city home (c) trailer park (d) apartment (e) other \_\_\_\_\_

Do you rent or own? \_\_\_\_\_ If you do not own, we need to verify with your landlord that you can have a pet.

Landlord's name and phone #: \_\_\_\_\_

1. Who are you adopting this pet for? \_\_\_\_\_
2. For what purpose are you adopting this animal?  
a. family pet b. breeding c. watchdog d. hunting e. other
3. All animals from this shelter are for household pets only. Are you willing to keep this pet in the house and not chained out? \_\_\_\_\_ If no, explain. \_\_\_\_\_
4. Have you ever adopted a pet from this shelter before? \_\_\_\_\_ If so, when? \_\_\_\_\_
5. Have you ever turned an animal into a shelter before? \_\_\_\_\_ If so, why? \_\_\_\_\_
6. If you are ever gone for more that 24 hours, who will care for your pet? \_\_\_\_\_
7. It may take a new pet up to 2 months or longer to adjust to its new home. Are you willing to allow it this much time to adjust? \_\_\_\_\_
8. Will you be able to care for this animal for its entire life expectancy of 12-20 years? \_\_\_\_\_
9. Pets are required to be vaccinated for rabies. Can you guarantee this pet will always have a current vaccination after it leaves the shelter? \_\_\_\_\_
10. The shelter policy is that all pets be spayed or neutered. Do you agree with this policy? \_\_\_\_\_
11. This shelter does not allow cosmetic surgery on any pets. Do you plan on having cosmetic surgery done on your pet? \_\_\_\_\_
12. Are you aware that if you cannot keep this pet you must notify us so we can **HELP** you find another home for it?  
\_\_\_\_\_
13. List what pets you currently have and if they are spayed/neutered (if more room is needed, list on back of page):
  - a. Breed \_\_\_\_\_ S/N \_\_\_\_\_ Where is it kept? \_\_\_\_\_
  - b. Breed \_\_\_\_\_ S/N \_\_\_\_\_ Where is it kept? \_\_\_\_\_
  - c. Breed \_\_\_\_\_ S/N \_\_\_\_\_ Where is it kept? \_\_\_\_\_
  - d. Breed \_\_\_\_\_ S/N \_\_\_\_\_ Where is it kept? \_\_\_\_\_
14. List the pets you had as an adult and no longer have:
  - a. Breed \_\_\_\_\_ What happened to it? \_\_\_\_\_
  - b. Breed \_\_\_\_\_ What happened to it? \_\_\_\_\_
  - c. Breed \_\_\_\_\_ What happened to it? \_\_\_\_\_

d. Breed \_\_\_\_\_ What happened to it? \_\_\_\_\_  
15. Are you currently a member of the SPCA in Cattaraugus County? \_\_\_\_\_ If not, would you like to be? \_\_\_\_\_ If so, ask for details.

**Before you leave today, be sure that this is the pet you want and will be able to care for it throughout its entire life. Be sure that you can give it the attention and love that it deserves. Also remember that the animal had been through a traumatic experience and it is stressful on the animals in a cage. You must give extra time and patience for the new member of your family to adjust. Understand that once the animal leaves the SPCA shelter, it is totally your responsibility. If you have trouble with your new pet, we will try in every way with suggestions and ideas but if you decide not to keep the animal, it must be returned back to the SPCA in Cattaraugus County unless other arrangements are made with SPCA management. If the animal is returned, there will be a \$50 fee and an appointment is necessary.**

**Please read and sign:**

**I understand fully the previous questions and have answered them to the best of my knowledge. I also understand that any representations as to the nature of the pet are based on facts given by the previous owner aided by conclusions from the SPCA personnel and are in no way guaranteed. The terms of this agreement are under contract, and if at any time I fail to abide by these terms or if the SPCA feels that the animal in my custody is not being properly cared for, I may be subjected to a fine, the animal may be repossessed, or both.**

**If I cannot take my new pet home with me within 24 hours, I understand that there will be a \$5.00 charge per day that the animal stays at the shelter. If I do not pick my new pet up by the pickup date, it will be put up for adoption and I will not get a refund. (No Exceptions)**

Pick Up Date: \_\_\_\_\_ (must be picked up by this date)

**Lastly, I understand that refunds will not be given under any circumstances. (Sick animals returned within 10 days accompanied by a veterinarian's certificate will entitle me to another animal.)**

New Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Be sure that the animal is fed daily, have a constant supply of clean, fresh water, and are provided with proper shelter if they are ever outside for any length of time.

We hope that you and your new pet will be happy and compatible. Thanks for helping the SPCA by giving a homeless animal a HOME!

To be completed by SPCA Employee Only

**State Voucher #** \_\_\_\_\_

Date of Adoption: \_\_\_\_\_ ID#: \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Male Female

Distemper Vaccination Given on: \_\_\_\_\_ by: \_\_\_\_\_

Rabies Vaccination given on: \_\_\_\_\_ by: \_\_\_\_\_

Spayed/Neutered on: \_\_\_\_\_ by: \_\_\_\_\_

Adoption: \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED (reason: \_\_\_\_\_)

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_