

SPCHS Adoption Application



SPCHS strives to find forever homes for our cats and dogs. We ask that you only consider adopting one of our cats and dogs if you can guarantee it a loving home for a lifetime which may be up to 20 years.

*****Office Use Only*****

ID _____

Fee Amount _____

CC _____ CHK _____ Cash _____

Date Paid _____

Membership _____

Promotion _____

Initials _____

Please complete the entire application; incomplete information will delay your application or result in rejection of your application. Applications may take two business days to process.

Name (First and Last)			Date
Physical Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Phone (check one) <input type="checkbox"/> Home <input type="checkbox"/> Cell	Phone (check one) <input type="checkbox"/> Work <input type="checkbox"/> Cell		Email
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, consent of guardian/parent required.			
Guardian/Parent Signature			
Provide the name of one non-relative who can verify that you are a responsible and reliable person.			
Name		Phone	

Animal to Be Adopted
Name _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Male <input type="checkbox"/> Female
Why do you want to adopt this particular cat/dog? _____
In your opinion, what makes you a great companion for this cat/dog? _____

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Pet Environment

Do you live in a House Condo Apartment Mobile Home Other _____

Do you Own Rent If rent, does your landlord approve? Yes No

Landlord Name _____ Phone _____

Are there breed restrictions with the property owner and/or insurance company of your home? Yes No

Do you live at a parent's or relative's home? Yes No If yes, parent/relative signature required.

Parent/relative signature _____

Do you have roommates? Yes No If yes, have roommates agreed to having a pet? Yes No

Will this pet be primarily Indoors Outdoors

Do you have a fenced yard? Yes No If yes, height of fence _____ Type of fence _____

If no fenced yard, how will you confine your pet to your property? _____

How many hours on average will the pet be alone? _____

Where will your pet be kept when you are not there? _____

Do you have an outdoor shelter? Yes No If yes, type of shelter _____

How will you exercise this pet? _____

If you own a pick-up truck, will your dog ride in the back? Yes No

If yes, how will the dog's safety be ensured? _____

How will your pet be cared for when you go on vacation or in case of an emergency? _____

If for some reason you are not able to care for this cat/dog in the upcoming future, what will you do with this adopted cat/dog? _____

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Household Information **Number of people in household** _____

Name	Age	Allergies to Pets
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Which household members will be responsible for the care and feeding of this pet? _____

Animals or Livestock Currently Have

Species (dog, cat, bird, chicken, etc.)	Breed	Age	Male/Female	Altered (Yes/No)	De-clawed (Yes/No)	Personality/ Temperament	Where Kept

If you currently have pets, a meet and greet with the potential new pet addition is required.

Veterinary Information for Current and Future Pets

Vet Clinic Name	Vet name	City Where Located	Clinic Phone
Are all your current pets up to date on rabies and distemper vaccinations?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

Have you ever turned a pet over to an animal shelter? Yes No **If yes, please explain** _____

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Terms and Conditions

I acknowledge receiving from SPCHS custody of the within described animal. I understand that SPCHS does not warrant the age, health, breed, temperament, or habits of said animal. I agree to save and hold harmless SPCHS from any and all claims, demands, causes of action, damages, costs, expenses, or liabilities of any kind and nature whatsoever directly or indirectly connected with the care, control, and ownership of said animal howsoever caused.

SPCHS reserves the right to make in-home inspections and remove said animal if found tethered or penned for longer than ten hours a day, and/or abused, neglected in any way according to state laws and local ordinances (RCW 16.52.205 animal cruelty in the first degree, RCW 16.52.207 animal cruelty in the second degree).

I am familiar with the animal control laws regarding licenses and leash requirements in the city and county where I reside.

I further agree that I will not permit said animal to be used for research, experimentation, or fighting purposes. Nor will I allow a cat adopted from SPCHS to be de-clawed.

I further agree not to sell or transfer ownership of described animal without the approval of SPCHS.

Veterinary Exam

SPCHS provides a list of licensed veterinarians that will give free exams to animals that have been newly adopted from SPCHS. To take advantage of this exam I must phone the vet and schedule an appointment to be performed within the first five days of the adoption. The free exam does not include vaccinations or treatments. No refunds or follow-up health care costs will be provided if the free exam is not performed within the first five days. SPCHS has already completed the first vaccinations; however, the second vaccinations are the adopter's responsibility.

In case of illness diagnosed by a veterinarian within the allowed period, said animal may be returned for a full refund or replacement within ten days. Return/refund only allowed provided that all items such as license, certificate, tags, etc., are also returned.

If the free exam is not performed within the allotted time period and illness is found (kennel cough, etc.), all treatment costs will be the adopter's responsibility.

Trial Periods, Refunds

Refunds allowed only if animal is returned for illness diagnosed by a licensed veterinarian within the allowed time. Trial periods are not allowed with the exceptions of the above noted instances.

If the animal is unsuited to the home or family, or if you are no longer able to care for this animal, the animal must be returned to SPCHS.

By signing below, I certify that the information I have given is true, and I realize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that SPCHS has the right to deny my request to adopt an animal for any situation that would be contrary to SPCHS' adoption policies, in violation of any state or local ordinances, or not in the best interest of the animal. I authorize investigation of the statements in this application. I also authorize my veterinarian to release any information required by SPCHS.

Adopter's Signature _____ **Date** _____

SPCHS Representative _____ **Date** _____