

Adoption Screening Form

This is an application NOT an adoption contract Please print clearly as all information will be verified

In order to be considered as an adopter today, you must:

*Be 18 years of age or older *Have ID showing your present address

The Rockingham-Harrisonburg SPCA reserves the right to refuse adoption to anyone.

Date _____ SSN/T# _____ County of Residence _____

Name _____ Home # _____ Work # _____

Address _____ City _____ State _____ Zip _____

Are you adopting this pet as a gift for someone? YES NO If yes, who? _____

Will the pet reside at the address indicate above? YES NO If no, where? _____

Have you ever adopted from our shelter? YES NO If yes, where is the pet now? _____

Have you ever surrendered an animal to a shelter or animal control facility? YES NO If yes, describe the circumstances _____

Do you currently own pets? YES NO Are your current pets up to date on vaccinations and licenses? YES NO
Are any of your pets suffering from any health problems? YES NO

Describe your current pets (circle please):

| | | | | | |
|---------|-------------|-----------|-----------------------|-----------------------------|------------------|
| Cat/Dog | Male/Female | Age _____ | Spayed/Neutered _____ | Kept Indoors/Outdoors _____ | Pet's Name _____ |
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Do you have a veterinarian? YES NO If yes, who? _____

Do you have children residing in your household? YES NO Ages of Children _____

Where will your pet live? Inside Outside Both How will you confine your new pet? (Check all that apply)
 Kennel Fenced Yard Chain Garage Patio Barn Leash Loose on Property Other _____

Do you have proper outdoor shelter? YES NO Describe: _____

Do you own your home? YES NO If yes, what is the name of the owner on record with the city/county? _____

Do you rent? YES NO If yes, Landlord's Name _____ Phone _____

If you relocate, what will you do with your pets? _____

Will there be someone home during the day? YES NO Do you know how to housebreak? YES NO

Are all your pets spayed or neutered? YES NO If no, why not? _____

If you are a student, please provide parent's name _____ Phone # _____

Do you realize in the first year of ownership, your pet will require more than \$300 in veterinary care? YES NO
Can you afford this expense? YES NO

Do you feel you can afford to maintain proper care of a pet including food, shelter, veterinary care, license etc? YES NO

Are you willing to care for this animal for the rest of its life? (Dogs can live 10-15 years and cats 15-20 years) YES NO

I acknowledge that all the above information is current and accurate to the best of my knowledge. I understand that any willful misrepresentation will result in the termination of this process. I am able to provide verification of name, address and social security number. By signing below, I also verify I have never been convicted of animal cruelty, neglect or abandonment.

Signed: _____