



The Stafford SPCA's goal is to find permanent, loving, responsible homes for the animals in our care. We try to find a match that considers not only the best interests of the animal, but those of people as well. The Stafford SPCA reserves the right, without explanation, to refuse any application, and to deny any adoption in its absolute discretion. The following questionnaire must be completed in its entirety, and all references will be verified. By filling out this application, I hereby give consent to Stafford SPCA and its authorized representatives to perform appropriate background and/or credit checks as needed to approve this application. _____ *Initial*

ALL FIELDS MUST BE COMPLETED ALL adults in the home must be listed on the application

Name of animal(s) you wish to adopt: _____
 Male Female Cat Kitten Dog Puppy Breed _____

Applicant name _____ Date ___/___/___
 Other names used _____
 Address _____
 City _____ County _____ State _____ Zip _____
 Home Phone () _____ Cell Phone () _____
 Work Phone () _____
 Driver's License # _____ Date of Birth ___/___/___
 Employer: _____
 Work address _____
 City _____ State _____ Zip _____
 Personal E-Mail _____

Applicant name _____ Date ___/___/___
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 Address _____
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 Home Phone () _____ Cell Phone () _____
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 Driver's License # _____ Date of Birth ___/___/___
 Employer: _____
 Work address _____
 City _____ State _____ Zip _____
 Personal E-Mail _____

1. Have you previously applied to our shelter for an animal, if yes, when?

2. Do you own your home or rent? _____

3. Please circle: House Townhouse Condo Apartment Mobile Home

4. If renting, please specify landlord or rental agent's name

5. Landlord or Rental Agents Phone # () _____

6. Are there any breed restrictions in your lease or neighborhood? _____

7. Is this your first dog or cat? Yes _____ No _____

8. Please provide the following information about your household:
How many adults? _____ How many children? _____
Ages of children _____ Any special needs? _____

9. Who would be your pet(s) primary caregiver?
 Adult Teenager Child

10. Does any member of your household have allergies to animals? Yes _____ No _____

11. Would you consider taking an allergy medicine if you or your family member developed an allergy to the animal? _____

12. Have you ever surrendered an animal? If so, where and why?

13. If applicable, have any of your cats been declawed? If so, why? _____

14. List all the animals you have owned or lived with in the past two years:

Name	Type of Animal	Age	Sex	Still own? (if no, explain)

15. Which of these animals are spayed or neutered?

16. Where are your current animals kept? Indoors _____ outdoors _____ both _____
Please explain: _____

17. If you currently have pets, or have had a pet in the last two years, please list your primary Vet, along with contact telephone #s.

Vet Name _____ Tel # (____) _____

Other Vet _____ Tel # (____) _____

18. Whose name is listed as the owner/caregiver on the animal hospitals chart/account?

19. If this is your first pet, what animal hospital are you planning to use?

20. Do you have a fenced yard? yes no Yard Size _____

21. If yes, what type of fence _____ Height _____

22. If your new pet will be alone (without human companionship), where will the animal be kept during this time and for how long?

23. Where will the animal sleep at night? _____

24. Is this animal intended to be a gift? _____

25. How will you care for your pet when you travel, go on vacation, or in case of emergency requiring your extended absence? _____

26. Change is inevitable in one's life. What will you do if you could no longer care for your animal? _____

27. Where would you go if your pet had a medical emergency?

28. What kind of animal behavior do you find unacceptable (please be specific)?

29. What would you do about these behaviors?

30. What are your thoughts on declawing cats? _____

31. What other things would you like the SPCA to know about you, as we consider your application, and why do you feel you would be a really good home for this animal?

32. We are here to facilitate a successful union with your pet. Please tell us which of these subjects you would like to learn more about?

- housetraining chewing obedience training heartworm/flea/tick preventative
- crate training barking canine rivalry grooming litter box issues
- feeding vaccinations destructive scratching (soft claws)
- introducing your current pet to your new pet other

I certify that all information contained in this application is true, and I understand that false information may void this application. I also certify that neither I, nor anyone in our household has ever been convicted of animal cruelty, neglect or abandonment.

Signature _____ Date _____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

If you have owned animals in the past two years, please sign below.

I, _____, have made application to the Stafford SPCA
PRINT NAME

to adopt an animal. I hereby authorize the Stafford SPCA to contact any and all veterinarians, veterinary technicians, health care providers and any other individuals who have provided health and/or medical care to my current and/or past animals and I authorize any and all individuals so contacted to release any and all such information to the Stafford SPCA.

Signature of applicant

Printed name of applicant

Date

Witness (SPCA staff member)

Personal References (People who know you and your relationship with animals):

Name: _____
Address: _____
City: _____ State _____ Zip _____
Home # (____) _____ Cell # (____) _____
Relationship _____
Years known _____ Email: _____

Personal References (People who know you and your relationship with animals):

Name: _____
Address: _____
City: _____ State _____ Zip _____
Home # (____) _____ Cell # (____) _____
Relationship _____
Years known _____ Email: _____

Please Email Completed Agreement to: Adoptions@StaffordSPCA.Org

or

Please Fax Completed Agreement to: (866) 522-8042

SPCA Staff Notes: _____

Staff Use Only Technician: BKG _____ PT _____ VT _____ DNA _____ Comments _____ _____ _____ Approved _____ Not Approved _____
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Stafford SPCA

Shelter Address:
140 Andrew Chapel Rd.
Stafford, VA 22554

Office Address:
2101 Jefferson Davis Hwy
2nd Floor
Stafford, VA 22554

Phone: (540) 657-7387 (PETS)
Cell (540) 842-9936
Fax (866) 522-8042