



Canine Adoption Application

18 Wertz Drive
Pine Grove, PA 17963
(570) 345 3540

rsm_spca@yahoo.com

www.rsmspca.org

Name(s): _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

E-mail address: _____ Date of birth (month/day/year): _____

Address: _____

City: _____

State: _____ Zip Code: _____ Time at address: _____

Do you (circle one): Own Rent Live with relatives

Type of housing you reside in (circle one): Single family home Semi-detached home Row home
Apartment Condominium Mobile home Other: _____

If you rent, landlord's name & phone #: _____

If you live with relatives, does everyone in the home approve of & allow this type of pet (circle one):
Yes No

ID type (circle one): Driver's license State ID Military ID ID #: _____

Employer: _____ Time of employment: _____

Hours worked per day: _____ Hours worked per week: _____

If unemployed or a student, please list source(s) of income: _____

Have you, a member of your family, or anyone in your home ever been charged with &/or convicted of animal cruelty (circle one): Yes No

Does anyone in the home have allergies to pets (circle one): Yes No



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Please list any other persons residing in your home, their ages, & their relation to you:

Name	Relationship	Age

Is this your first experience owning a pet (circle one): Yes No

Have you adopted a pet from a shelter or rescue before (circle one): Yes No

If yes, list organization(s) that you've adopted from: _____

If you've adopted before, do you still own the animal (circle one): Yes No

If you don't own the animal anymore, where is the animal now: _____

How many pets have you owned in the past 5 years: _____

If you no longer own these pets please explain why: _____

Have you surrendered an animal to a shelter before (circle one): Yes No

If yes, explain why: _____



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Name of veterinarian office/clinic used: _____

Doctor of veterinarian medicine (DVM) used: _____

Phone # for vet office/clinic: _____ Vet records are under the name of: _____

If you have other pets, are they up to date on their vaccinations (circle one): Yes No

If you have other pets, are they properly licensed (circle one): Yes No

Please list any animals you currently own:

Name	Species & Breed	Spayed/Neutered	Age

Please provide 3 personal references that are NOT related to you. All must be at different addresses:

Name	Address	Phone #



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Please circle your reason(s) for adopting this dog: Companion for yourself Companion for another pet
Companion for another family member Hunting Herding Protection Show Other: _____

Please circle one of the options below to explain where this dog will be primarily kept: Inside home
Basement Garage Barn Patio/Porch Outdoors only Both indoors & outdoors Outside kennel
Fenced in yard Tied to doghouse Other: _____

Who will be responsible for daily care of this dog: _____

Where will this dog be kept when left alone: _____

How many hours per day will this dog be left alone: _____

Where will this dog sleep: _____

Will you crate train this dog (circle one): Yes No

If you go on vacation, what will you do with this dog: _____

If you have to move, what will you do with this dog: _____

What circumstances, in your mind, justify giving up a dog: _____

If unable to keep this dog for any reason, what will you do with this dog: _____

Do you have a yard (circle one): Yes No If yes, is your yard fenced in (circle one): Yes No

If no fenced yard, how will exercise & toilet be handled: _____

Are you able to provide proper training & exercise for this dog (circle one): Yes No

Are you financially able to afford proper care for this dog, such as food, toys, veterinarian care,
grooming, etc. (circle one): Yes No

Approximately much money do you anticipate on spending on this dog per year: _____

If this dog were to run away, what methods would you use to attempt to find this dog: _____



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What are the requirements of dog ownership in your community: _____

Please be specific & explain why you've chosen to adopt from RSMSPCA: _____

Please be specific & explain why you've chosen this particular dog for adoption: _____

