



**Ruth Steinert Memorial**

*We reserve the right to refuse service to anyone.*

# Ruth Steinert Memorial SPCA

18 Wertz Drive, Pine Grove, Pa. 17963

Phone: 570-345-3540

email: [RSMSPCA17963@GMAIL.com](mailto:RSMSPCA17963@GMAIL.com)

## Canine Adoption Contract

Ruth Steinert Memorial SPCA reserves the right to deny any adoption application for any reason.

Date \_\_\_\_\_

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Name(s): \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email 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): Drivers License State ID Military ID ID # \_\_\_\_\_

Employer \_\_\_\_\_ Length of employment \_\_\_\_\_

Hours worked per day \_\_\_\_\_ Hours worked per week \_\_\_\_\_

If unemployed or a student, please list source(s) of income \_\_\_\_\_

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

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

If yes, please explain below: \_\_\_\_\_

*Please be aware that our mission is to find an appropriate forever home for the animals in our care.  
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Have you surrendered a pet to a shelter or rescue before: (circle one): Yes No

If yes, please explain why: \_\_\_\_\_

Please list any other persons residing in your home, their ages, and their relationship to you:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Please circle your reason(s) for adopting this dog: Companion for Self 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 the DAILY care of this dog: \_\_\_\_\_

Where will this dog be kept when left alone: \_\_\_\_\_

How many hours a day will this dog be left alone: \_\_\_\_\_

Where will this dog sleep: \_\_\_\_\_

Will you carte 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 this dog: \_\_\_\_\_

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

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

If no fenced year, how will exercise & toilet training 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, veterinary care, grooming, etc. (circle one): Yes No

Approximately how much money do you anticipate spending on this dog per year: \_\_\_\_\_

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

\_\_\_\_\_



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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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**I have adopted a dog from Ruth Steinert Memorial SPCA & agree to the following conditions.**

**(Please read & initial each statement)**

1. I will provide this dog with food, shelter, water, veterinary care, humane treatment & love at all times. \_\_\_\_\_
2. I will keep this dog as a house pet & companion, and I will NOT tie this dog outside or confine it to an area for extended periods of time. When outside, the dog will be on a lease or confined to my property with access to weatherproof shelter as required by PA state law. \_\_\_\_\_
3. I will NOT allow this dog to be used for breeding or vivisection. \_\_\_\_\_
4. I will have this dog spayed or neutered (if it is not already done) within 30 days of the adoption date on this contract, as long as the dog is 4 months of age or older. \_\_\_\_\_
5. I declare that all dogs residing in my home at the present time are spayed or neutered. If I add any dogs to my home in the future, they too will be spayed or neutered while this dog is in my home. \_\_\_\_\_
6. I will not abandon or give this dog away to any party, surrender the dog to any other shelter or rescue, or dispose of this dog in any other way. If I am no longer able to keep this dog for any reason, I will return this dog to Ruth Steinert Memorial SPCA & pay their current surrender fee. \_\_\_\_\_
7. I acknowledge that any representative from Ruth Steinert Memorial SPCA may enter my premises at any time to audit the adoption of this dog and I am aware that they may remove this dog from my property if they are not satisfied with the dogs living conditions. I agree and I will surrender this dog upon demand of such representative. \_\_\_\_\_
8. I agree that this dog will be taken to a veterinarian within 14 days of the adoption date on this contract for an examination. Should the veterinarian declare in writing, within 14 days of the adoption contract, that the dog is not healthy, the dog may be returned and another dog may be selected. I understand that Ruth Steinert Memorial SPCA is NOT responsible for any veterinarian bills. I am aware that I will NOT receive a refund of the adoption fee for a returned animal. \_\_\_\_\_
9. I understand that Ruth Steinert Memorial SPCA makes no representation, warranty, or guarantee as to the health or disposition of this dog. Any dog can be unpredictable & attack for any reason. Caution should be exercised when introducing this dog to other people & your home. \_\_\_\_\_
10. I will immediately notify Ruth Steinert Memorial SPCA if this dog becomes lost, is stolen, passes away or if I make an address change. \_\_\_\_\_
11. I will abide by all state, municipal & POA (Property owners assn.) pet laws. This dog will wear a collar at all times with the appropriate & current licenses, rabies tag & identification. \_\_\_\_\_
12. I understand that once ownership has been transferred to me Ruth Steinert Memorial SPCA shall NOT be liable for any damages, losses, or injuries caused by this dog. \_\_\_\_\_
13. I declare that the information I have provided to Ruth Steinert Memorial SPCA in this adoption application & contract is truthful and accurate. If I breach any of the terms and conditions I agree to forfeit ownership of this dog & Ruth Steinert Memorial SPCA may then repossess this dog. \_\_\_\_\_

**I have received a copy of this adoption contract and I have read and agree to all of the above conditions, therefore agreeing to be legally bound as stated herein.**

**Signature(s):** \_\_\_\_\_

**Print Name(s):** \_\_\_\_\_

**Dog #:** \_\_\_\_\_ **Species:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Dog Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **RSMSPCA Tag #:** \_\_\_\_\_

**Ruth Steinert Memorial SPCA Representative:** \_\_\_\_\_