None

Canine Adoption Application

Thank you for your interest in adopting! To aid our adoption counselors in determining if you are prepared to bring a new companion home today and to make the best match for you and your family, please submit completed form to info@spcawestchester.org.

Name (s)	Date						
Address							
CityState	_ Zip Phone						
Email	Are you over 21? Yes No						
Personal Reference: Not a family member							
Name Phone	Relationship						
Do you: Own Rent Do you live in a: House To	ownhouse Condo Apartment Other						
What is your pet policy if any:							
Landlord/ Management Company: Name	Phone						
Describe your outdoor space (yard, fence, invisible fen	nce?)						
Number of people in your household? Adults (18+)	Children Ages of Children						
Has anyone in your household ever experienced animation	al-related allergies? Yes No						
Are all household members in agreement with this add	option? Yes No						
Who will be responsible for the dog's day-to-day care?	?						
When traveling, how will you provide for your dog?							
Are you currently employed? Yes No How many hours will the dog be left alone for daily?							
Did you know it costs about \$2,000-4,000 per	year to provide basic care for a healthy dog?!						
Are you financially prepared to provide for the health and wellness of your new dog? Yes No							
If you are unable to care for the dog, who will be responsible going forward?							
Have you ever rehomed a pet? Yes No If y	/es, why?						
Under what circumstances would you not keep a Dog?	?						
Divorce Illness in Family Moving Nev	w Baby New Job Shedding						

Dog Grew Too Big Not Obedient Enough Behavior Problems High Vet Costs

Current Household Pets

Species/Breed	Age	Sex	Altered?	Vaccinated?	Veterinarian Info
					Hospital
					Phone

I'm looking for a: Puppy Teen Adult AND Small-Medium Medium-Large

We cannot guarantee the specific size of an animal as an adult. Is that a concern for you? Yes ____ No____

We cannot guarantee the specific breeds of any animal. Is that a concern for you? Yes _____ No _____

Please circle the option you feel best suits you and your home.							
The activity in my home is like:	A Library (calm & quiet)		The Beach (at times quiet, other times a lot going on)		An Amusement Park (constant activity, lots of people in and out)		
Where will your dog spend most of its time?	In the garage	In a crate	e In the yard	d C Other		one room	
My dog needs to be good with:	5	ats	Birds Live	stock	Travelir	ng	
What characteristics are	Children High Energy	Seniors Talkativ	Strangers ve Playful		her tionate	Cuddly	
you looking for in a dog?	Couch Potato	Quiet	Independent	Gu	uard Dog		

Have you ever worked with a dog trainer? Yes ____ No ____ If yes, why and what methods were used for training? _____

Are you willing to work with a trainer? Yes _____ No _____ If no, why not? _____

What behaviors are you not willing to work with?							
Housetraining	Timid/Shy	Separation Anxiety	Chewing	g Excessive Barking			
Digging	Jumping	Mouthing	Other				

Please let us know if you have any questions or concerns below:

Internal Use Only:						
Safe space	Medical	Housetraining	SPCA training p	oolicies	Feeding, enrich	
Trainer contact for	concerns	Dog to dog	Dog to cat	Puppy classe	s	