



Adams County SPCA
11 Goldenville Road, Gettysburg, PA 17325
Phone: 717-334-8876 / Fax: 717-334-1338
website: www.adamscountyspca.org

Adoption Application Cats and Kittens

Date: _____ Cat you are interested in: _____

- ❖ In order to be considered an adopter, you must meet the following requirements:
 - Be at least 21 years of age
 - Have a current Drivers License or State Identification showing your current address
 - Have the knowledge and consent of your Landlord/Guardian (if applicable)
 - You must be able to provide the proper care and training needed for this specific cat

Please be aware that it is our job to find the appropriate homes for the animals in our care. These animals have already had a traumatic life, and we need to be sure this home is the right one. False or incomplete information on this application will result in the denial of any potential adoption.

Personal Information

- ❖ Name: _____ Maiden Name: _____
- ❖ Are you over the age of 21? Yes ___ No ___
- ❖ Address: _____
- ❖ City: _____ Township: _____
- ❖ State: _____ Zip: _____ County: _____
- ❖ Home Phone: _____ Work Phone (or Other): _____
- ❖ Email: _____ How long have you lived at the above address: _____
- ❖ If Less than 5 years:
 - Please fill in previous address if moved within the last 5 years:
- ❖ Address: _____
- ❖ City: _____ Township: _____
- ❖ State: _____ Zip: _____ County: _____
- ❖ How long were you at this address? _____

- ❖ ID #: _____ State of issue: _____ Type (check one): Military ___ State ___ Drivers License ___
- ❖ Address on ID: _____
- ❖ Date of Birth (day/month/year): _____ E-mail Address: _____
- ❖ Place of employment: _____ How Long: _____
- ❖ Supervisor's Name: _____ Contact Number: _____
- ❖ If Unemployed, or if you are a student, please list your source(s) of income: _____
- ❖ Are you a Full Time College Student? Yes ___ No ___ Part Time College Student Yes ___ No ___
- ❖ Do you live in a (mark one) House ___ Trailer ___ Apartment ___ Townhouse ___
 - Other (explain): _____
- ❖ Do you currently (mark one): Rent ___ Own ___ Live with Parents ___
 - Other (explain): _____

❖ Landlord / Property Manager's Name: _____

❖ Phone Number: _____

Please provide the following information for EACH person in your household, starting with yourself:

Name	Age	Sex	Relation to yourself

❖ Does anyone in you household have allergies to dog or cat hair or dander? Yes ____ No ____

➤ If yes, please explain, and are they on medication? _____

About Your Pet

❖ Please list ALL pets in your household:

Name	Species (Dog, cat etc.)	Breed	Age	Spayed or Neutered	Kept Inside or Outside

❖ Please list any other FORMER pets that you have had in the last 5 years not listed above:

Name of Pet	Species (Dog, cat etc.)	Breed	Age	Spayed or Neutered	Kept Inside or Outside	Reason you no longer have this animal

- ❖ Who is your Family Veterinarian or Clinic Name: _____
 ➤ Vet. Or Clinic's Phone Number: _____
- ❖ Is your name listed as the Primary Owner of the listed pet(s) with the Vet or Clinic's office above?
 Yes ____ **No** ____
- ❖ If you answered no, who's name is listed as the Primary Owner? _____
- ❖ Have you ever adopted an animal from the Adams County SPCA or any other animal shelter? **Yes** ____ **No** ____
 ➤ If you answered yes, do you still have the animal? If not, what is the reason and where is the animal now?

About This Pet

- ❖ Is this pet to be a (mark one)... Family Pet ____ Child's pet ____ Mouser ____ Gift ____
 Barn Cat ____ Other (explain): _____
- ❖ If you had to move, what would you do with this pet? _____
- ❖ If you had to get rid of this particular pet, what would you do? _____
- ❖ Please mark the options below that describe the primary area where the cat will be kept:
 Inside ____ Outside ____ Barn ____ Outdoor pen ____ Garage ____ Basement ____
 Patio or Porch ____ Other: _____
- ❖ Will your cat be allowed to run loose outside? **Yes** ____ **No** ____
- ❖ If this cat is not litter trained, are you willing to train it? **Yes** ____ **No** ____
 ➤ ***Please be aware most cats are already litter trained, but if the cat is introduced to a big environment right away, they may have a hard time finding their way back to the litter pan.***
- ❖ If your cat claws your belongings are you willing to train it? **Yes** ____ **No** ____
- ❖ Will shedding be a problem? **Yes** ____ **No** ____
- ❖ Are you financially able to afford the proper care for this pet; such as toys, bedding, veterinary care, food, etc.?
 Yes ____ **No** ____
- ❖ **How much do you anticipate spending on this particular pet during the course of one calendar year?**
 \$ _____
- ❖ Why have you chosen this particular pet for adoption? Please be specific as possible.

- ❖ **Have you ever been cited or convicted of a Rabies Violation?** **YES** ____ **NO** ____
 ➤ If yes, please explain: _____
- ❖ **Have you ever been cited or convicted of a Dog Law Violation?** **YES** ____ **NO** ____
 ➤ If yes, please explain: _____
- ❖ **Have you ever been cited or convicted of a Humane Violation** **YES** ____ **NO** ____
 ➤ If yes, please explain: _____

***The Adams County S.P.C.A. reserves the right to deny any adoption application for any reason.**

I/We understand that the Adams County Society for the Prevention of Cruelty to Animals is not able to give any guarantees on the health, training, or temperament of this animal and that the adoption fee(s) are not refundable under any circumstances. _____ (initial)

I/We understand and accept that authorized Adams County Society for the Prevention of Cruelty to Animals agents sometimes will do follow-up visits to an adopter's home to check on the care the animal is receiving and can remove the animal if unsatisfied with the viewed conditions. _____ (initial)

Unanswered questions, incomplete answers, and/or false information may result in this animal's Adoption Application being denied. The Adams County Society for the Prevention of Cruelty to Animals reserves the right to refuse adoptions. _____ (initial)

I/We give permission for the Adams County Society for the Prevention of Cruelty to Animals and/or their agents to verify this information through any available means. _____ (initial)

Would you allow an authorized agent of the Adams County Society for the Prevention of Cruelty to Animals to inspect the animal(s) and premises where the animal will be kept? Yes ____ No ____ _____ (initial)

I/We agree to have the animal to the veterinarian within 30 days for a health checkup, and vaccinations if necessary. _____ (initial)

I/We agree to have the animal Spayed/Neutered by a certified veterinarian within 30 days of adoption, or as specified on the adoption papers. _____ (initial)

I/We attest to not having a Rabies, Dog Law, or Humane Violation in the last 10 years placed on myself/us or anyone else at the residence. _____ (initial)

I/We certify that the aforementioned information is true and correct to the best of my/our knowledge. _____ (initial)

I/we attest to all the information above that it is true to the best of my knowledge, and by signing this application I give the ACSPCA the right to do the associated background checks necessary for adoption.

Print Name

Signature / Date

Secondary Print Name

Secondary Signature / Date

Notes: If applicant for adoption is notified of approval of adoption; potential adopter has 24 hours in which to contact the ACSPCA to confirm or deny desire to adopt. After 24 hours without communication; the animal's adoption falls to the next person in line to adopt said animal.

If College Student – Student must own their home or are attending college part time and have a full time job.

If you currently have pets, or have had pets in the last five years please fill out Client's Name, Address, Phone, & sign & date the following authorization for release of medical records.



Authorization for release of medical records

Client's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____

I am requesting that the vaccination records for the above mentioned animal(s) including but not limited to any animals that I have had treated at your office in the past 5 years be released to The Adams County SPCA. This signature serves as my authorization for a veterinarian (or his/her staff) to release the medical history of any of my pet(s) as deemed necessary at the time of the request.

Client Signature

Date

VETERINARIAN STAFF USE ONLY

Animal(s) Information

Name: _____ Breed: _____ Age: _____

Rabies (date expires): _____ Distemper (date expires): _____

Name: _____ Breed: _____ Age: _____

Rabies (date expires): _____ Distemper (date expires): _____

Name: _____ Breed: _____ Age: _____

Rabies (date expires): _____ Distemper (date expires): _____

Comments: _____

Name veterinarian staff: _____

This document is to help the Adams County SPCA with the adoption process. We do background checks on ALL potential adopters. Please fax this completed document to the Adams County SPCA so we can complete our adoption process. Thank you.

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ADAMS COUNTY SPCA USE ONLY:

Advised Background Checks	Date	Initials
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1) If applicant is outside of Adams County (if more than one see reverse)

- i. Local Shelter Name: _____
- ii. Phone: _____ Contact Name: _____
- iii. Adoption/Humane Complaint Check _____ Results _____
- v. Additional Information: _____

2) DVM _____ Results _____

3) Petpoint _____ Results _____

4) Adoption/Stray _____ Results _____

5) Veterinarian Check (If Applicable) _____

- i. Name of Practice: _____
- ii. Phone: _____ Contact Name: _____
- iii. Results: _____
- _____
- _____
- _____
- _____

6) Landlord Approval (If Applicable) _____ Results _____

ii. Landlords Name: _____

ii. Phone: _____

7) Criminal Background Check _____ Results _____

8) Manager's Approval / Denial _____

CALLS

Date

Initials

Applicant called _____ **Results** _____

Applicant called _____ **Results** _____

Applicant called _____ **Results** _____