



940 Little Britain Road (Route 207) ; New Windsor, NY 12553

Phone- (845)564-6810

email-hvspca@yahoo.com

Dog Adoption Application

In order to be considered for an adoption, you must: 1) be 18 years of age. 2) Have the knowledge and consent of all adults living in the household. 3) Understand that completing this application does not guarantee adoption and that the Hudson Valley SPCA must approve your application. Whether you plan to adopt a dog or a puppy keep in mind that you are making a 10-20 year commitment to this animal.

Today's date: _____ Name of animal: _____

Applicants Name(s): _____

Address: _____ Zip: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ is E-Mail checked often? Yes No (circle one please)

Is this animal going to be a gift? Yes No (circle one Please)

If yes, for whom? _____

Home Environment

Don you live in a: House__ Condo__ Apartment__ Mobile Home__ Dormitory__ (check one please)

Do you: Own__ Rent__ (check on please)

If you rent, Landlords name and phone number: _____

How long have you lived at this address: _____

Employer: _____

Are you planning on moving in the next year? Yes No (circle one)

If you plan on moving what will you do with your animal? _____

Where will this animal be kept during the day? _____

Where will this animal be kept during the night? _____

Where will this animal be kept when it is left alone? _____

How many hours per day will this animal be left alone? _____

Do you travel often? Yes No (circle one)

If so how will you provide for this animal while you are away? _____

How many people living in the household? _____

What are their ages? _____

Is this your child's first experience? Yes No (circle one)

Does anyone in the household have known allergies to any animals? Yes No (circle one)

If yes, then what type of animal? Cat Dog Other (circle one)

What will you do if someone in your house hold becomes allergic to this animal? _____

Complete if this animal is a Dog:

Are you familiar with crate training of dogs? Yes No (circle one)

Will you crate train you this dog if it's necessary? Yes No (circle one)

Do you have a fenced yard? Yes No (circle one)

If so, how high is the fence? _____

How do you intend to train this dog? On my own _____ Obedience Class _____ Trainer _____ (check one)

How often do you plan to exercise this dog and how often? _____

If you have a pet now or in the last five years please fill out the following:

(if it has been longer then five years or you never had your own pet please skip to the next scetion

Name of animal: _____

Type/Breed: _____

Age: _____

Male Female (circle one)

Spayed/Neutered: Yes No (circle one)

Last visit (mm/yy): _____

Name of vet office (with area code): _____

Vet phone number: _____

Where is this animal now? _____

When did you get the animal? _____

Where did you get the animal from? _____

Have you ever euthanized an animal? Yes No (circle one)

If Yes, For What Reason? _____

Would you ever euthanize an animal? Yes No (circle one)

If Yes, For What Reason? _____

Our mission is to provide homes for abandoned and neglected animals. Our first step is to insure that they are healthy by providing them with vaccines and spaying and neutering them. This cost to us is over \$300 per animal not including room and board. We receive no funding from any private or government agency and depend solely on donations. We do not have a set fee for our adoptions and instead, would appreciate a donation so that another animal can be given the same chance the animal you are adopting has.

By Signing below, I certify that the above information given is true and correct and I recognize that any misrepresentation of facts will result in my losing the privilege of adopting a pet. Also if we are notified of abuse of dog or cat or false representation of adoption application has occurred after adopting from the Hudson Valley SPCA we have the right to remove the dog from the adopter. I also give my veterinarian permission to release any vet care records and information about my current, past and future pets to the Hudson Valley SPCA. I understand that this application is the property of the Hudson Valley SPCA and that they have the right to deny my request to adopt.

Mr./Mrs. _____ Date: _____

Dogs Name: _____

Please give us three personal references that are not family members.

1) Name(first & last): _____

Phone Number: _____

2) Name (First & Last): _____

Phone Number: _____

3) Name (first & Last: _____

Phone Number: _____

Staff Use Only

Date

Comments

Staff Initials

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