

Is someone home during the day? Yes \_\_\_\_\_ No \_\_\_\_\_ How many hours will the animal be alone each day? \_\_\_\_\_

If your pet is alone more than 6 hours per day, what provisions will you make for a dog to relieve itself and get exercise during your absence?  
\_\_\_\_\_

Where will the pet stay during the day? \_\_\_\_\_ Where will the pet sleep? \_\_\_\_\_

How much time are you willing to spend adjusting to and helping this animal adjust to your home and lifestyle? \_\_\_\_\_

I understand that I am expected to allow a new pet at least thirty (30) days to adjust to my home. Yes \_\_\_\_\_ No \_\_\_\_\_ If you are going away, who will care for the pet? \_\_\_\_\_

Do you have provisions for someone to take over care of the pet should something happen to you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who is that? Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

If no, would you think about who might do this – for the safety and security of the pet? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason(s) for wanting this pet: Companion for myself \_\_\_\_\_ Gift \_\_\_\_\_ Hunting \_\_\_\_\_ Companion for my children \_\_\_\_\_ To Breed \_\_\_\_\_

Guard Dog \_\_\_\_\_ Companion for Other Pet \_\_\_\_\_ Personal Protection \_\_\_\_\_ Other \_\_\_\_\_

Is this your first experience with a pet? Yes \_\_\_\_\_ No \_\_\_\_\_ Under what circumstances would you NOT keep this animal?  
\_\_\_\_\_

This pet will be kept: Outdoor/Doghouse \_\_\_\_\_ Basement \_\_\_\_\_ Garage \_\_\_\_\_ In-House \_\_\_\_\_ Kennel \_\_\_\_\_ Crate \_\_\_\_\_

### DOGS ONLY

I want a dog that is: Needing little exercise \_\_\_\_\_ Medium Energy \_\_\_\_\_ Full of energy and needing lots of walks and Runs \_\_\_\_\_

How will you ensure the dog/puppy gets proper exercise? \_\_\_\_\_

How will the dog be confined to your property: Trolley \_\_\_\_\_ Tie Out \_\_\_\_\_ Kennel \_\_\_\_\_ Fence (type) \_\_\_\_\_ Height: \_\_\_\_\_ -

Other \_\_\_\_\_

How long will the dog be tied outside? \_\_\_\_\_ Will the dog be outside when you are away from home? Yes \_\_\_\_\_ No \_\_\_\_\_

How will the dog be protected if left outside alone? \_\_\_\_\_

What would you do if this dog became destructive? \_\_\_\_\_

What would you do if this dog became aggressive? \_\_\_\_\_

Have you previously attended a basic obedience course with your dog(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you plan to complete one with this dog?

Yes \_\_\_\_\_ No \_\_\_\_\_ What is the most challenging training situation you have previously faced with dogs? \_\_\_\_\_

### CATS ONLY

The cat you adopt will be: Inside only \_\_\_\_\_ Outside only \_\_\_\_\_ Both \_\_\_\_\_

Do you plan to declaw the cat? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how do you think doing so would benefit your cat and your household?  
\_\_\_\_\_

Are your present cats declawed? Yes \_\_\_\_\_ No \_\_\_\_\_ What is your opinion on declawing? \_\_\_\_\_

What would you do if your cat stopped using the litter box? \_\_\_\_\_

### PLEASE READ AND SIGN BELOW:

I agree to schedule an appointment with a licensed veterinarian within seven (7) days of the adoption. YES \_\_\_\_\_ No \_\_\_\_\_

I understand that this adoption commitment is for the pet's lifetime? Yes \_\_\_\_\_ No \_\_\_\_\_

I am financially prepared to give this pet YEARLY vaccinations (or as recommended by my veterinarian), ANNUAL WELLNESS VISITS and the MEDICAL CARE that it requires. YES \_\_\_\_\_ No \_\_\_\_\_

It is okay if Shelter staff call you to see how your new pet is doing? Yes \_\_\_\_\_ No \_\_\_\_\_

The information I have provided is true and complete and I understand that any false statements I make will be a reason for immediate denial of my application or a nullification of this adoption. I give you permission to call my veterinarian and/or my landlord.

**I UNDERSTAND THAT THE FLSPCA-CNY WILL CALL ME WITHIN TWO BUSINESS DAYS IF MY APPLICATION IS APPROVED.**

**SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_**

**WITNESS: \_\_\_\_\_**