



# DOG ADOPTION APPLICATION

940 Little Britain Road (Rt. 207) • New Windsor, NY 12553 • (845) 564-6810

[www.HudsonValleySPCA.org](http://www.HudsonValleySPCA.org) • [info@HudsonValleySPCA.org](mailto:info@HudsonValleySPCA.org)

## 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

Is this animal going to be a gift? ☐ Yes ☐ No

If yes, for whom? \_\_\_\_\_

### Home Environment

Do you live in a: ☐ House ☐ Condo ☐ Apartment ☐ Mobile Home ☐ Dormitory

Do you: ☐ Own ☐ Rent

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

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? \_\_\_\_\_



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

Do you travel often? ☐ Yes ☐ No

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

Does anyone in the household have known allergies to any animals? ☐ Yes ☐ No

If yes, then what type of animal? ☐ Cat ☐ Dog ☐ Other

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

Are you familiar with crate training of dogs? ☐ Yes ☐ No

Will you crate train this dog if it's necessary? ☐ Yes ☐ No

Do you have a fenced yard? ☐ Yes ☐ No

If so, how high is the fence? \_\_\_\_\_

How do you intend to train this dog? ☐ On my own ☐ Obedience Class ☐ Trainer

How often do you plan to exercise this dog? \_\_\_\_\_



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**If you have a pet now or in the last five years please fill out the following**  
*(if it has been longer than five years or you never had your own pet, please skip to the next section)*

Name of animal: \_\_\_\_\_

Type/Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: ☐ Male ☐ Female

Spayed/Neutered: ☐ Yes ☐ No

Last visit (mm/yy): \_\_\_\_\_

Name of vet office: \_\_\_\_\_

Vet phone number (with area code): \_\_\_\_\_

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

If Yes, For What Reason? \_\_\_\_\_

Would you ever euthanize an animal? ☐ Yes ☐ No

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.



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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: \_\_\_\_\_



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### Staff Use Only

Date

Comments

Staff Initials
