



DOG ADOPTION APPLICATION

940 Little Britain Road (Rt. 207) • New Windsor, NY 12553 • (845) 564-6810
www.HudsonValleySPCA.org • dogs@HudsonValleySPCA.org

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 and **3)** understand that completing an application does not guarantee adoption – the Hudson Valley SPCA must first approve your application. When you adopt a dog or puppy, keep in mind that you are making a 10-20 year commitment to the animal.

Today's Date: _____ Name of Dog: _____

Applicants Name(s): _____ Age: _____

_____ Age: _____

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

Home Phone: _____ Cell Phone: _____

E-mail: _____

HOME ENVIRONMENT

Do you live in a: House Condo Apartment Mobile Home Dormitory (check one, please)

Do you own this home? Yes No (choose one).

Who is the homeowner on record: _____

Do you rent? Yes No (choose one). Who signed the lease? _____

If you rent, Landlord's name and phone number: _____

How long have you lived at this address? _____

Employer: _____ How long have you worked there? _____

How many people live in the home? _____ Their ages (include yourself): _____

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

What will you do if someone in your home becomes allergic to this dog? _____

Do you have a fenced yard? Yes No (choose one). If so, how high is the fence? _____



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ANIMAL CARE INFORMATION

How will you provide for this dog if you are away or must travel? _____

Where will this dog be kept most of the time? _____

How many hours a day will this dog be left alone? _____ Where will it be kept when alone? _____

Do you plan to crate your dog and when? _____

How often do you plan to exercise this dog? _____

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

If you plan on moving, what will you do with this dog? _____

In the event of a financial, health or other serious crisis, if you are no longer able to care for your dog, you agree to return him or her to the Hudson Valley SPCA.



SIGN: _____

VETERINARY REFERENCE

If you have a pet now or had one 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: _____ Male Female (choose one) Spayed/Neutered: Yes No (choose one)

Name of vet office: _____

Last vet visit (mm/yy): _____ Vet phone number (with area code): _____

Where is this animal now? _____

When did you get the animal? _____ Where did you get the animal? _____



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Have you ever euthanized an animal? Yes No (choose one). If yes, why? _____

Would you ever euthanize an animal? Yes No (choose one). If yes, why? _____

Our mission is to provide good homes for abandoned and neglected animals. Our first step is to insure they are healthy by providing them with vaccines and spaying/neutering which costs us at minimum \$300. We receive no funding from any private or government agency and depend solely donations which enable us to take in and prepare animals for adoption. Though we do not have a set adoption fee, we would appreciate an adoption donation that will give another dog the same chance the dog you plan to adopt will have.

PERSONAL REFERENCES

PLEASE PROVIDE **THREE** REFERENCES: **ONE FAMILY AND TWO NON-FAMILY:**

1) Name (First/Last): _____ Phone: _____

2) Name (First/Last): _____ Phone: _____

3) Name (First/Last): _____ Phone: _____

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. The HVSPCA reserves the right to seize a dog from us if it being abused, neglected, mistreated in any way or is being kept in an unsafe or unfit situation. 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 also understand that the Hudson Valley SPCA has the right to deny my request to adopt.

SIGNATURE: _____ DATE: _____