



Date: _____

Pet applying for: _____

Adoption Application

Disclaimer: *The Clark County SPCA employees and team leaders have the right to deny any application at any time. The reason does not have to be stated. You can appeal this decision in writing to the Clark County SPCA Executive Director and they will review the decision.*

Name: _____ Phone #: _____

Address: _____ Work #: _____

City, State, Zip: _____ Driver License #: _____

E-Mail Address: _____

Are you at least 18 years of age? _____ Occupation: _____

Do you own or rent your home? _____ How long have you lived there? _____

If you rent, Landlords Name: _____ Landlord's Phone #: _____

What type of dwelling do you live in? (single home, duplex, apartment, trailer) _____

Number of adults in home _____ Number of children and their ages _____

Does the entire household agree to add a pet to the family? _____ Is anyone allergic? _____

How many pets do you currently own? _____ What kind, breed? _____

Are your current pets up to date on vaccinations and spayed/ neutered? _____

If not, is there a medical issue preventing this? _____

Describe your household: (active, noisy, quiet, average, etc.) _____

Do you understand what is involved in house training a pet? _____ Do you breed any pets? _____

Do you understand we cannot guarantee a pet is house trained? _____

Will this pet live: Indoors Outdoors Both **(circle one)**

How will you control or confine this pet per the ORC? (leash, fence, kennel, etc.) _____

How many hours per day will the pet be alone? _____ Do you plan on using a crate? _____

When you are away from home, where will the pet be? _____

Have you ever surrendered a pet before? _____ If so, why? _____

Under what circumstances would you **NOT** keep this pet? _____

What would you do if the pet became destructive? _____

Do you understand that all new pets entering a home need an adjustment period? _____

Do you understand a pet is a lifetime commitment? _____

Primary reason for adopting this pet? _____

Have you ever been accused or convicted of any criminal offense regarding the treatment or handling of animals? _____

Who is your veterinarian? _____ Phone #: _____

Signature: _____

SPCA Employee/ Team Leader Signature: _____

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APPROVED DENIED