



**Montgomery County  
Society for the Prevention of Cruelty to Animals**

1007 State Highway 5-S PO Box 484 Amsterdam, NY 12010  
Phone (518) 842 - 8050 www.mc-sPCA.org

**Adoption Application**

Thank you for your interest in adopting a pet from the Montgomery County SPCA!  
Please complete all sections of this application.

PLEASE PRINT - Incomplete or illegible applications will not be processed.

**DATE** \_\_\_\_\_ **Name of pet you are interested in** \_\_\_\_\_

APPLICANT \_\_\_\_\_  
CO-APPLICANT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ How long at this address? \_\_\_\_\_  
PHONE: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_  
Do you rent?  **NO**  **YES** If YES, please provide the following: **(REQUIRED FOR ADOPTION CONSIDERATION)**  
LANDLORD'S FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_  
Does your landlord allow pets?  **NO**  **YES**  
Applicant's Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Co - Applicant's Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name(s) of other adults in your home who will be responsible for the care of this pet: \_\_\_\_\_  
Number of adults in your home: \_\_\_\_\_  
Number of children in your home and their ages: \_\_\_\_\_  
Do children visit your home regularly?  **NO**  **YES**

(continued on reverse side)

Other pets in your home (**specify whether a dog, cat, etc.**):

|  |   |   |
|--|---|---|
| 1. Name: _____   | Age: _____  | Temperament: _____  |
| Sex: <input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b> | Altered: <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> | Rabies vaccination up to date? <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> |
| 2. Name: _____   | Age: _____  | Temperament: _____  |
| Sex: <input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b> | Altered: <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> | Rabies vaccination up to date? <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> |
| 3. Name: _____   | Age: _____  | Temperament: _____  |
| Sex: <input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b> | Altered: <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> | Rabies vaccination up to date? <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> |
| 4. Name: _____   | Age: _____  | Temperament: _____  |
| Sex: <input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b> | Altered: <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> | Rabies vaccination up to date? <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> |

Are you seeking a guard dog?  **NO**  **YES**

Are you seeking a barn cat/mouser?  **NO**  **YES**

How many hours per day will the pet be left home alone? \_\_\_\_\_

Where will the pet be housed?  **INSIDE**  **OUTSIDE** If **OUTSIDE**, describe shelter provided: \_\_\_\_\_

Do you have a fenced-in yard?  **NO**  **YES**

Are you considering crate-training the pet?  **NO**  **YES**

What kind of exercise will this pet be given? \_\_\_\_\_

Are you planning dog-training sessions with this pet?  **NO**  **YES** If YES, when? \_\_\_\_\_

Why do you want to adopt this pet? \_\_\_\_\_

Are you committed to caring for this pet for a lifetime?  **NO**  **YES**

Are ALL members of your household in full agreement to adopt and take responsibility for this pet?  **NO**  **YES**

Have you previously owned a pet no longer in your household?  **NO**  **YES** If yes, why? \_\_\_\_\_

Are you willing and financially able to provide all future veterinary care for this pet, including periodic exams, all inoculations and any emergency treatment required?  **NO**  **YES**

Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Please provide two character references (non-family):

|               |                    |             |
|---------------|--------------------|-------------|
| 1. Name _____ | Relationship _____ | Phone _____ |
| 2. Name _____ | Relationship _____ | Phone _____ |

**By signing:**

- \* I/We affirm that the information provided by me/us in this application is true to the best of my/our knowledge. I/We understand that any misrepresentations of fact may result in the removal of an adopted pet from my/our home by the MCSPCA.
- \* I/We understand that if I/we are approved for adoption, I/we will be required to make a substantial commitment of time and money for up to 15 years for the adopted pet.
- \* I/We authorize release of information to the Montgomery County SPCA of any police and veterinarian records.

APPLICANT NAME (print) \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

CO-APPLICANT NAME (print) \_\_\_\_\_

CO-APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_