

PEN _____	#A _____	Employee: _____
<input type="checkbox"/> Pending Landlord	<input type="checkbox"/> Pending home dog	Other _____

# Adoption Survey

Date \_\_\_\_\_ Your Township/Borough \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Driver's License # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

*Alternate contact information (friend or family member outside of the household) for Microchip registration.*

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

1. How many live in your household? Adults (18+) \_\_\_\_\_ Children \_\_\_\_\_

2. How old are the children? \_\_\_\_\_

(Please check)

3. Do all adults in the residence know you plan to adopt?  Yes  No

4. Is it possible for all household residents to meet this pet before adoption?  Yes  No

5. Does anyone living in the household have any known allergies to pets?  Yes  No

6. Please Check:  Rent  Own  Live with parents

7. I live in:  House  Townhouse  Apartment  Mobile Home  Group Home

8. If you rent, what will you do with this pet when you need to move? \_\_\_\_\_

9. Are you a college student?  Yes  No

10. Have you worked with this shelter before (adopted/surrendered)?  Yes  No

11. Looking to adopt:  Cat  Dog  Other: \_\_\_\_\_

12. What do you think it will cost to care for this animal for the next year? (Food, shelter, vet care)  
 Under \$100  \$100-300  \$300-500  \$500-700  \$700-1000  Over \$1000

13. Who will be your veterinarian? \_\_\_\_\_

14. Are you prepared to take this animal to your veterinarian for a complete examination within 7 days?  
 Yes  No

15. Do you agree to have this animal spayed or neutered?  Yes  No

16. Do you understand the local ordinances for licensing and leashing?  Yes  No

17. The pets I've owned in the last five years:

Name	Species/Breed	Where is pet kept	Age	Spay/Neuter	Sex	What happened to pet
				Yes No		
				Yes No		
				Yes No		
				Yes No		
				Yes No		
				Yes No		
				Yes No		
				Yes No		

18. Do you understand that the Lycoming County SPCA makes no representations or guarantees of the temperament and health of any animal from this shelter?  Yes  No

19. Do you understand that the Lycoming County SPCA is in no way liable for any future injury or damage caused by this animal?  Yes  No

Signature \_\_\_\_\_

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If you rent, you will need to provide your landlord's signature and phone number.

This section is to be filled out by **landlord only**.

In addition to your signature we will need to call you and verify your approval.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Best time to call? \_\_\_\_\_

Home Phone \_\_\_\_\_ Second Phone \_\_\_\_\_

# Cat Adoption

1. Who will be responsible for the cat? \_\_\_\_\_
2. How many hours will this cat be without human companionship? \_\_\_\_\_
3. Where will this cat be during the day?     Inside     Outside     Both
4. Where will this cat be during the night?     Inside     Outside     Both
5. Who will care for this cat in your absence? (Vacation, illness) \_\_\_\_\_
6. Who will be feeding/watering this cat? \_\_\_\_\_
7. Who will be cleaning the litter box? \_\_\_\_\_
8. Why did you decide on this particular cat? \_\_\_\_\_
9. What activity level are you looking for?     Active     Friendly     Quiet
10. What problems do you think you will have when you take this cat home? \_\_\_\_\_  
\_\_\_\_\_
11. What do you want this cat for?                     House pet     Companionship  
 Company for another pet     Mouser     Lap Cat     Breeding  
 Other \_\_\_\_\_
12. What will you do if this cat goes outside of the litter box? \_\_\_\_\_  
\_\_\_\_\_
13. What will you do if this cat shows destructive behavior? (Scratching furniture, etc.)? \_\_\_\_\_  
\_\_\_\_\_