

Name:	
Animal ID number:	

ADOPTION APPLICATION

Prior to the adoption of an animal, we ask that you complete this application. This information will help the Bakersfield SPCA (SPCA) achieve its goal of finding permanent, responsible, loving homes for the animals in our care and allow the Bakersfield SPCA better assist you in finding a pet suited to your needs.

Adopter Name:		Date:						
Address:	City:	S	tateZi	p:				
Home Phone ()	Alternate Ph	one ()						
Email Address								
Emergency Contact Person for Micr	ochip	Phone ()					
Someone other than Yourself								
To be considered for adoption toda	ay, you need to:							
*Be at least 18 year	rs old							
*Have knowledge a	and consent of all adults living in yo	ur household						
*Have a valid gover	rnment-issued photo ID							
*Understand that t	he SPCA reserves the right to refus	e the adoption of a	ny animal.					
How many pets do you currently ha Cats: Breed(s): Dogs: Breed(s):	Ages:							
Have you ever adopted from the SP If yes, what?								
Have you ever surrendered an anim If yes, why?	nal to the SPCA or any other shelter	?YES	NO					
What is your housing situation?RENTOWNHOUSECONDO/TOW	VNHOMEMOBILE HOME	APARTME	NTFARN	1				
Landlord or Complex Name (Your la	andlord will be contacted)		 Daytim	 e Phone #				

Will this pet be kept indoors or outdoors?	Indoors	Outdoors	Both	
How will you keep your pet confined to yourKennelA Tie Out	Fenced Yard		enceOn a Le	ash
Do you have a veterinarian that you use?	YES	NO If no, we will	provide you with a list	of local vets.
Veterinarian Clinic Name				-
All pets making the transition from shelter housetraining and behavior training. Are you				
Information regarding the history, health a What behavior would you be unwilling to we		dopted animals ma	y not be available or a	accurate.
What reasons might cause you to return this	s pet?			
Initial each line after reading:				
All cats and dogs will be spayed or neu procedure is approximately 3-10 business da Animals must be picked up within 72 hours.	ays. We will cont			
I will be solely responsible for spay/ned	uter aftercare.			
By signing below, I certify that the information terms and conditions within it.	ion I have given is	s accurate and comp	lete. I am also agreein	ng to abide by the
Signature:		Date:	Staff:	

Pet Adoption Center: 3000 Gibson Street • Bakersfield, CA 93308 • (661) 323-8353 • Fax (661) 323-0949

Signing this application does not automatically guarantee an adoption today.