



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: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone (    ) \_\_\_\_\_ Alternate Phone (    ) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Emergency Contact Person for Microchip \_\_\_\_\_ Phone (    ) \_\_\_\_\_

**\*Someone other than Yourself\***

**To be considered for adoption today, you need to:**

- \*Be at least 18 years old
- \*Have knowledge and consent of all adults living in your household
- \*Have a valid government-issued photo ID
- \*Understand that the SPCA reserves the right to refuse the adoption of any animal.

Why would you like to adopt this animal? (i.e. Gift, Child, Family Pet, Companion of another pet, Other)

\_\_\_\_\_

How many pets do you currently have in your household?

Cats: \_\_\_\_\_ Breed(s): \_\_\_\_\_ Ages: \_\_\_\_\_ Spayed/Neutered? \_\_\_ YES \_\_\_ NO  
 Dogs: \_\_\_\_\_ Breed(s): \_\_\_\_\_ Ages: \_\_\_\_\_ Spayed/Neutered? \_\_\_ YES \_\_\_ NO

How did you hear about the Bakersfield SPCA? \_\_\_\_\_

Have you ever adopted from the SPCA? \_\_\_ YES \_\_\_ NO

If yes, what? \_\_\_\_\_

Have you ever surrendered an animal to the SPCA or any other shelter? \_\_\_ YES \_\_\_ NO

If yes, why? \_\_\_\_\_

What is your housing situation?

\_\_\_ RENT \_\_\_ OWN  
 \_\_\_ HOUSE \_\_\_ CONDO/TOWNHOME \_\_\_ MOBILE HOME \_\_\_ APARTMENT \_\_\_ FARM

\_\_\_\_\_  
 Landlord or Complex Name (Your landlord will be contacted) Daytime Phone #

Will this pet be kept indoors or outdoors?  Indoors  Outdoors  Both

How will you keep your pet confined to your property?

Indoors only  Kennel  Fenced Yard  Invisible Fence  On a Leash  
 A Tie Out \_\_\_\_\_ Other

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 to a new home need time to adjust to a new family and may require housetraining and behavior training.** Are you willing to provide any needed training?  YES  NO

**Information regarding the history, health and behavior of adopted animals may not be available or accurate.**

What behavior would you be unwilling to work with?

\_\_\_\_\_

What reasons might cause you to return this pet?

\_\_\_\_\_

**Initial each line after reading:**

All cats and dogs will be spayed or neutered before leaving the facility. Current scheduling for spay/neuter procedure is approximately 3-10 business days. We will contact you when your adopted pet is ready to go home. Animals must be picked up within 72 hours.

I will be solely responsible for spay/neuter aftercare.

*By signing below, I certify that the information I have given is accurate and complete. I am also agreeing to abide by the terms and conditions within it.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Signing this application does not automatically guarantee an adoption today.