

Dog's Name: \_\_\_\_\_ Dog's #: \_\_\_\_\_ SPCA Tag #: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Other: \_\_\_\_\_

Waiting List

The SPCA of Anne Arundel County  
 Adoption Application for a Dog/Puppy  
 (Applicants must be 18 or older)



Applicant's Name		Age	Home phone	
Co-Applicant's Name		Age	Home phone	
Applicant's cell phone (optional)		Co-Applicant's cell phone (optional)		
Applicant's email		Co-Applicant's email		
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Roommate <input type="checkbox"/> Significant other <input type="checkbox"/> Other _____				
Address		City	State	Zip
County <input type="checkbox"/> Anne Arundel <input type="checkbox"/> Other _____		Mailing address (if different from above):		
Are you moving/being deployed soon? Yes No	If yes, when?	If you had to move what would you do with this dog?	How long have you lived at your current address?	
If you have lived at your current address less than 1 year, please list your Previous Address		City	State	Zip
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with relatives		If with relatives, who is the homeowner?		
Do you live in a: <input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile home <input type="checkbox"/> Boat				
Landlord/Complex name		Phone number	Best time to call?	
Applicant's Employer	Work phone	Co-Applicant's Employer	Work phone	
If unemployed, please list your source of income and monthly amount:				
How many adults live in the household?		How many children live in the household? (please include children's ages)		
Ages of other children who will frequently come in contact with the adopted dog (grandchildren, neighbors, etc.).				
Please list the adults residing in the household (other than applicant and co-applicant) and their relationship to you.				
1.	Relationship: _____			
2.	Relationship: _____			
3.	Relationship: _____			
4.	Relationship: _____			
5.	Relationship: _____			

For Office Use Only

Staff name: \_\_\_\_\_  
 Date received: \_\_\_\_\_

Do any of the above adults have animals living in or frequently visiting the home? Yes No		If yes, please elaborate:
Does any member of your household suffer from allergies or asthma related to animals? Yes No		If yes, who and to what kind of animals?
Why do you wish to adopt this animal? (check all that apply)		
<input type="checkbox"/> Companion <input type="checkbox"/> Gift <input type="checkbox"/> Guard dog <input type="checkbox"/> To breed <input type="checkbox"/> Personal protection <input type="checkbox"/> Watch dog <input type="checkbox"/> For child <input type="checkbox"/> For my other pet <input type="checkbox"/> Other: _____		
Who are you adopting this dog for?		How much money do you expect to spend on this pet each year?
<input type="checkbox"/> Yourself <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Pet <input type="checkbox"/> Child <input type="checkbox"/> Significant other <input type="checkbox"/> Other _____		<input type="checkbox"/> \$50 - \$100 <input type="checkbox"/> \$100 - \$200 <input type="checkbox"/> \$300 - \$400 <input type="checkbox"/> \$400 - \$500 <input type="checkbox"/> \$600-900 <input type="checkbox"/> \$1,000+
Is anyone home during the day? Yes No		If yes, who?
On average, how many hours per day would this animal be alone?		Who will be responsible for the primary care of this animal?
<input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10 <input type="checkbox"/> 10-11 <input type="checkbox"/> 12+		
Are you willing to take responsibility for this dog for the next 10-15 years? Yes No		If No, why not?
Dog experience		The last time I owned a dog was:
<input type="checkbox"/> First time dog owner <input type="checkbox"/> Have had one or two dogs <input type="checkbox"/> Had family dog when growing up <input type="checkbox"/> Knowledgeable and experienced		<input type="checkbox"/> I own a dog now <input type="checkbox"/> Within the last year <input type="checkbox"/> 2-4 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> More than 10 years ago
Are you familiar with the activity level and habits of this breed/Mix? Yes No		If yes, please explain.
What attracted you to this dog?		
What method do you plan on using for housebreaking? (please consider that an already housebroken animal may have accidents and/or need a refresher course after having been in the shelter)		
If unsure, would you like advice from the SPCA? Yes No		
Are you familiar with crate training? Yes No	If yes, are you willing to crate train? Yes No	If you are not familiar, would you like more information about crate training? Yes No
If interested in a puppy, at what age do you think a puppy <u>should</u> be housebroken?		
How much time are you willing to allow for the animal to become adjusted to your home?		
Are you willing to take this dog to obedience class or a private trainer? Yes No	Have you ever taken a puppy/dog through an obedience training class or worked with a private trainer? Yes No	If yes, what was involved in this training?
How would you describe the activity level of your household? (check all that apply)		
<input type="checkbox"/> High, always on the go <input type="checkbox"/> Low, relaxing <input type="checkbox"/> Normal, go to work then come home <input type="checkbox"/> Active, sports and outdoor activities <input type="checkbox"/> Other: _____		
Anne Arundel County requires that all animals adopted from a shelter be spayed or neutered. How do you feel about this?		

How will you confine your new dog to your property?  Fence  Dog run  Runner  Stake in ground  
 Cable  Lots of property—can run free  
 Other \_\_\_\_\_

If you have a fence, is the yard completely enclosed? Yes No	How high is the fence? <input type="checkbox"/> 3 feet <input type="checkbox"/> 4 feet <input type="checkbox"/> 5 feet <input type="checkbox"/> 6 feet <input type="checkbox"/> 8 feet <input type="checkbox"/> 10 feet	What type of fence is it? <input type="checkbox"/> Privacy/Wood <input type="checkbox"/> Chain-link <input type="checkbox"/> Split rail <input type="checkbox"/> Electric/Invisible <input type="checkbox"/> Split rail with wire <input type="checkbox"/> Other wire <input type="checkbox"/> Other _____
---	--	--

If there is no fenced-in area, how will the dog be exercised or taken out for bathroom breaks?

This dog will be:  Indoors only  In/Out  Outdoors only  Don't know yet

**If applying for a puppy, fill in the following 3 sections for where the puppy will be kept.**

Where will the dog be kept during the day?

<input type="checkbox"/> Crate	<input type="checkbox"/> Loose in the house	<input type="checkbox"/> Confined to a room, which? _____
<input type="checkbox"/> Garage	<input type="checkbox"/> Outside on a runner	<input type="checkbox"/> Chained to a doghouse
<input type="checkbox"/> Outside in enclosed pen	<input type="checkbox"/> Outside (supervised)	<input type="checkbox"/> Outside (unsupervised)
<input type="checkbox"/> Outside in fenced yard	<input type="checkbox"/> Basement (finished)	<input type="checkbox"/> Basement (unfinished)

Where will the dog be kept at night?

<input type="checkbox"/> Crate	<input type="checkbox"/> Loose in the house	<input type="checkbox"/> Confined to a room, which? _____
<input type="checkbox"/> Garage	<input type="checkbox"/> Outside on a runner	<input type="checkbox"/> Chained to a doghouse
<input type="checkbox"/> Outside in enclosed pen	<input type="checkbox"/> Outside (supervised)	<input type="checkbox"/> Outside (unsupervised)
<input type="checkbox"/> Outside in fenced yard	<input type="checkbox"/> Basement (finished)	<input type="checkbox"/> Basement (unfinished)

Where will the dog sleep?

<input type="checkbox"/> Crate	<input type="checkbox"/> Loose in the house	<input type="checkbox"/> Confined to a room, which? _____
<input type="checkbox"/> Garage	<input type="checkbox"/> Outside on a runner	<input type="checkbox"/> Chained to a doghouse
<input type="checkbox"/> Outside in enclosed pen	<input type="checkbox"/> Outside (supervised)	<input type="checkbox"/> Outside (unsupervised)
<input type="checkbox"/> Outside in fenced yard	<input type="checkbox"/> Basement (finished)	<input type="checkbox"/> Basement (unfinished)

**If applying for a puppy OR dog fill in the following 3 sections. If interested in a puppy, please consider where the dog will be kept once it is an adult.**

Where will the dog be kept during the day?

<input type="checkbox"/> Crate	<input type="checkbox"/> Loose in the house	<input type="checkbox"/> Confined to a room, which? _____
<input type="checkbox"/> Garage	<input type="checkbox"/> Outside on a runner	<input type="checkbox"/> Chained to a doghouse
<input type="checkbox"/> Outside in enclosed pen	<input type="checkbox"/> Outside (supervised)	<input type="checkbox"/> Outside (unsupervised)
<input type="checkbox"/> Outside in fenced yard	<input type="checkbox"/> Basement (finished)	<input type="checkbox"/> Basement (unfinished)

Where will the dog be kept at night?

<input type="checkbox"/> Crate	<input type="checkbox"/> Loose in the house	<input type="checkbox"/> Confined to a room, which? _____
<input type="checkbox"/> Garage	<input type="checkbox"/> Outside on a runner	<input type="checkbox"/> Chained to a doghouse
<input type="checkbox"/> Outside in enclosed pen	<input type="checkbox"/> Outside (supervised)	<input type="checkbox"/> Outside (unsupervised)
<input type="checkbox"/> Outside in fenced yard	<input type="checkbox"/> Basement (finished)	<input type="checkbox"/> Basement (unfinished)

Where will the dog sleep?

<input type="checkbox"/> Crate	<input type="checkbox"/> Loose in the house	<input type="checkbox"/> Confined to a room, which? _____
<input type="checkbox"/> Garage	<input type="checkbox"/> Outside on a runner	<input type="checkbox"/> Chained to a doghouse
<input type="checkbox"/> Outside in enclosed pen	<input type="checkbox"/> Outside (supervised)	<input type="checkbox"/> Outside (unsupervised)
<input type="checkbox"/> Outside in fenced yard	<input type="checkbox"/> Basement (finished)	<input type="checkbox"/> Basement (unfinished)

What do you consider a good/valid reason for you to give up this dog?

What do you plan on doing with this dog while you are on vacation?

What do you think are the most important responsibilities of owning a dog?

What preventative measures will you take to keep this dog from getting lost?	If this animal does get lost, what will you do to find this dog?
--	--

**Please list the pets you currently own and any other pets in the home.**

Pet's name	Type of animal	Sex	Spayed or neutered	Age	Kept indoors or outdoors	Where is it now?
		M F	Yes No		In Out Both	
		M F	Yes No		In Out Both	
		M F	Yes No		In Out Both	
		M F	Yes No		In Out Both	
		M F	Yes No		In Out Both	
		M F	Yes No		In Out Both	

Veterinary Hospital name	Veterinary Hospital phone
--------------------------	---------------------------

Name records are listed under	Pet's names
-------------------------------	-------------

Veterinary Hospital name (if needed)	Veterinary Hospital phone
--------------------------------------	---------------------------

Name records are listed under	Pet's names
-------------------------------	-------------

Are your current pets up-to-date on vaccines? Yes No

**Please list the types and breeds of pets you have owned in the last ten years.**

Pet's name	Type of animal	Sex	Spayed or neutered	Age	Kept indoors or outdoors	Where is it now?
		M F	Yes No		In Out Both	
		M F	Yes No		In Out Both	
		M F	Yes No		In Out Both	
		M F	Yes No		In Out Both	
		M F	Yes No		In Out Both	

Have you ever owned a Pit Bull, Rottweiler, Shar Pei, Husky, Doberman, German Shepherd, Chow Chow or any other dominant breed? Yes No	If yes, which breed or mix?
---	-----------------------------

Have you ever adopted an animal from <u>any</u> shelter in the past? Yes No	If yes, when?	Where is the animal now?
---	---------------	--------------------------

Have you ever brought an animal, other than a stray, to The SPCA of Anne Arundel County or any other shelter in the past? Yes No	If yes, please explain (be specific as to when, which shelter, and why).		
What brought you to The SPCA of Anne Arundel County? <input type="checkbox"/> Our website <input type="checkbox"/> The Capital Newspaper <input type="checkbox"/> SPCA Event/Mobile Unit <input type="checkbox"/> The Pennysaver <input type="checkbox"/> Driving by <input type="checkbox"/> The radio (WRNR 103.1 FM) <input type="checkbox"/> Comcast on demand <input type="checkbox"/> Petfinder.com <input type="checkbox"/> Rescue referred me, which one? _____ <input type="checkbox"/> My veterinarian referred me, which one? _____ <input type="checkbox"/> Word of mouth, who? _____ <input type="checkbox"/> Another shelter referred me, which one? _____ <input type="checkbox"/> Other: _____			
Would you permit an authorized agent of The SPCA of Anne Arundel County, Inc. to inspect your home and the premises where this dog will be kept? Yes No			
If no, why?			
<b>Please list two references. Do not include family members.</b>			
Name	Home Phone		
Address	City	State	Zip Code
Relationship:			
Name	Home Phone		
Address	City	State	Zip Code
Relationship:			
<p>Unanswered questions, incomplete answers, illegible answers, or false information will cause this application to be rejected. <b>The SPCA of Anne Arundel County, Inc. reserves the right to decline adoption applications.</b></p> <p>I/We give permission for The SPCA of Anne Arundel County, Inc. and/or the SPCA's authorized agents to verify the information, including the release of medical information pertaining to my pet(s) from the veterinarian(s) provided in the application. I/We certify that the aforementioned information is true and correct to the best of my/our knowledge.</p> <p>Signature of Applicant: _____ Date: _____</p> <p>Signature of Co-Applicant: _____ Date: _____</p>			