



S.P.C.A. of North Brevard, Inc.

Adoption Center

Dog Adoption
455 Cheney Hwy
Titusville, FL 32780

Cat Adoption
425 Cheney Hwy
Titusville, FL 32780

🐾 ADOPTION APPLICATION 🐾

Welcome to the **S.P.C.A. of North Brevard, Inc.'s** shelter and adoption center.

Pet ownership is a serious responsibility. Each person or family who adopts a pet must understand and accept the responsibility and commitment that pet ownership requires.

The following information is requested so that your Adoption Counselor can assist you in the selection of a new pet. The animal's welfare is our foremost consideration. The consultation process is designed to help us determine if the adoption is the animal's best interest and to assist you in finding an animal most compatible with your lifestyle.

Our adoption fee includes: spay/neuter, micro-chip, one month free pet health insurance, first series of vaccinations, leukemia testing or heartworm testing (as applicable), fecal exam for parasites and any medication needed.

IN ORDER TO BE CONSIDERED AS AN ADOPTER TODAY, YOU MUST:

- Be 18 years of age or older;
- Have identification documenting your present address;
- Have the consent of your landlord and all members residing at your address;
- Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care for the lifetime of the pet.

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

Are you willing to receive periodic emails from us? (*We will not share your email address.*) Yes No

The **S.P.C.A of North Brevard, Inc.** reserves the right to refuse adoption to anyone. No animal will be adopted to persons having an extensive history of losing, giving away, selling or having animals injured or killed by moving vehicles. No animal will be adopted to prospective owners who mislead or who fail to provide accurate information on the adoption application.

(Continued on next page)

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE:

Upon completion, it will be reviewed by one of our Adoption Counselors.

1. Who will be responsible for this animal? _____
2. Do you currently live in a house apartment duplex mobile home other
3. Do you own or rent? _____ Do you live with parents, relatives or a guardian? _____
4. If you rent, does your landlord/rental agency allow pets? Yes No
5. Landlord's name _____ Phone #: _____
6. How long have you lived at your present address? _____
7. Do you plan on moving within the next six months? Yes No If you move some time in the future, what will you do with your pet(s)? _____

8. How many people live in your household? ____ Do all of the adults know you plan to adopt? Yes No
Do you have children at home? Yes No If yes, what are their ages? _____
What is their experience, if any, with having pets? _____

9. Do you or does anyone living in your household have any known allergies to animals? Yes No
If yes, to what species of animal(s) and how severe is the allergy? _____

10. Why do you want a pet? _____

11. Do you have a specific animal you are interested in? What is the animal's name? _____
If not, do you have any preference as to breed, type, sex, age, size, length of hair, etc.? Yes No
What are those preferences? _____

12. Please list all pets that you currently have in your household:

	Animal's Name	Type of Animal:	Spayed/Neutered?	Kept Where?	Age
1.	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	
2.	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	
3.	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	
4.	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	
13. Are all of your pets current on vaccinations? Yes No
14. What is the name of your veterinarian/clinic? _____ Phone #: _____

(Continued on next page)

15. How many hours per day will this pet spend alone and where will it stay during that time? _____

16. Where will this pet be kept during the day? _____ during the night? _____

17. Will the pet be allowed indoors? Yes No Where will it sleep? _____

18. When the animal is outside, will it be in a fenced yard, on a leash, allowed to run loose, on a trolley, chained or other? Please explain. _____

19. What kind of outside shelter will be provided? _____

20. If your yard is fenced: Will your fence safely confine this animal? Yes No
Fence Type: _____ Fence Height: _____

21. List pets owned in the past five years (other than those listed above):

Type of Animal:	Spayed/Neutered?	Kept Where?	Time Owned	What happened to the Pet?
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____

22. Have you ever relinquished a pet to a shelter? Yes No If you answered yes, what were the circumstances? _____

23. Would you allow our representative to see this animal in its new home? Yes No

24. Are you aware of the local animal control regulations? Yes No If not, our adoption counselor will explain the laws to you. Please initial: Adopter: _____ Counselor: _____

25. Have you considered the financial commitment and the responsibilities that you will have for the lifetime of your companion animal? Yes No If not, our adoption counselor will explain what is required of a pet owner. Are you willing to spend this amount or more? Yes No

Please initial: Adopter: _____ Counselor: _____

26. What will happen to the pet if your personal circumstances change? What provisions will you make for the animal should you become unable to care for it? _____

27. How did you hear about our adoption center? _____

(Continued on next page)

By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in my losing the privilege of adopting a companion animal from the SPCA of North Brevard, Inc. The SPCA of North Brevard, Inc. is in no way liable or responsible for any damage, accident or injury resulting from the placement of an animal in my household. In the event that the SPCA of North Brevard, Inc. places an animal in my household, I agree not to transfer that animal to any third party, but rather I will return it to the SPCA of North Brevard, Inc. in the event I can no longer retain it.

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

FOR SHELTER USE ONLY - DO NOT WRITE BELOW THIS LINE. THANK YOU.

Application Location: Dog Adopt Cat Adopt Petco Event _____

Date Received: ____/____/____

Time Received: _____ AM / PM

Adoption Review Record _____

Caution File _____

Landlord Approval _____

Residence Check - Driver License # _____

Veterinary Reference _____

Approval _____

Restrictions _____

Adoption Counselor _____