



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

ADOPTION CENTER • 455 CHENEY HWY. • TITUSVILLE, FL 32780 • (321) 267-8221

## ~ ADOPTION APPLICATION ~

**WELCOME TO THE  
SPCA OF NORTH BREVARD, INC.'S  
SHELTER AND ADOPTION CENTER.**

*We are glad you have come to adopt a new pet from our shelter.*

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 in the animal's best interest, and to assist you in finding an animal most compatible with your lifestyle.

The animals available for adoption came here from a variety of sources. All animals are examined upon entry, and their health is routinely monitored while at the shelter, but there is always a chance that an animal is incubating a disease without showing any clinical signs.

Our adoption fee includes: spay/neuter, first series of vaccinations, leukemia testing or heartworm testing (as applicable), fecal exam for parasites and any needed medication.

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

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

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Please check this box indicating you are willing to receive emails from us (we will not share your email address)

The **SPCA 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 fail to provide accurate information on the adoption application.

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**PLEASE FILL OUT THE FOLLOWING QUESTIONNAIRE:**

*Upon completion, it will be reviewed by one of our adoption counselors.*

1. What kind of pet are you here to adopt?  Dog  Puppy  Cat  Kitten  Other (specify) \_\_\_\_\_
2. Why do you want a pet? \_\_\_\_\_  
\_\_\_\_\_
3. Do you have any preferences as to breed, type, sex, age, size, length of hair, etc.?  Yes  No  
If yes, what are your preferences? \_\_\_\_\_  
\_\_\_\_\_
4. Is this your first experience with a pet?  Yes  No
5. What pets do you currently have in your household?

Name _____	Type:	Spayed/Neutered?	Kept Where?	Age
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
Name _____	Type:	Spayed/Neutered?	Kept Where?	Age
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
Name _____	Type:	Spayed/Neutered?	Kept Where?	Age
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
Name _____	Type:	Spayed/Neutered?	Kept Where?	Age
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____

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

Type:	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	_____	_____

7. Who is your veterinarian? \_\_\_\_\_ Phone # \_\_\_\_\_
8. Do you currently live in a  house  apartment  condo  mobile home  duplex
9. Do you  own or  rent?
10. If you rent, does your lease allow pets?  Yes  No
11. If you rent, what is your landlord's name? \_\_\_\_\_ Phone# \_\_\_\_\_
12. How long have you lived at the above address? \_\_\_\_\_

13. How many people live in your household? \_\_\_\_\_ Do all of the adults know you plan to adopt?  Yes  No  
If there are any children, what are their ages? \_\_\_\_\_
14. Do you or does anyone living in your household have any known allergies to animals?  Yes  No  
If yes, to what kind(s) of animal(s) and how severe is the allergy? \_\_\_\_\_  
\_\_\_\_\_
15. Who will be responsible for the care of this pet? \_\_\_\_\_
16. Where will this pet be kept during the day? \_\_\_\_\_ during the night? \_\_\_\_\_
17. How many hours will it spend alone without human companionship? \_\_\_\_\_
18. Where will it be kept when alone? \_\_\_\_\_
19. Do you plan on spaying or neutering your pet?  Yes  No
20. How did you hear about our adoption service? \_\_\_\_\_

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**DOG ADOPTIONS ONLY:**

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21. Do you want the dog for a *(check all that apply)*  
 House Pet    Guard Dog    Watch Dog    Companion    Gift  
 Company for other pet    Other \_\_\_\_\_
22. Do you have a fenced yard?  Yes  No      If yes, how high? \_\_\_\_\_
23. Do you realize you will probably have to houstrain your new puppy or dog?  Yes  No
24. Would you like information on how to houstrain a new puppy or dog?  Yes  No
25. Are you familiar with the leash and licensing laws in your community?  Yes  No
26. What will you do if your dog chews furniture or shows other destructive behavior? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
27. Are you familiar with crating?  Yes  No  
If yes, what are your feelings about it? \_\_\_\_\_
28. Do you plan on taking your dog to obedience training classes?  Yes  No
29. Are you familiar with heartworm disease?  Yes  No
30. How will you keep your dog confined to the property? *(check all that apply)*  
 In the house    Kennel    Fenced Yard    On chain    Garage    Patio    On leash

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**CAT ADOPTIONS ONLY:**

31. Do you want the cat for a (check all that apply):

House Pet    Mouser    Breeder    Companion    Gift

Company for other pet    Other \_\_\_\_\_

32. Will this cat be allowed outdoors?    Yes    No

If yes, under what circumstances? \_\_\_\_\_

33. Do you plan to have your cat declawed?    Yes    No

34. What will you do if your cat claws furniture or shows other destructive behavior? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To submit application by email, save this file after filling out and then attach it to an email, send to: [spcaadoption@spcanorthbrevard.com](mailto:spcaadoption@spcanorthbrevard.com) with animals name in email message subject - follow up during business hours with a phone call to 321-267-8221 to confirm receipt.

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

Adoption Review Record \_\_\_\_\_

Caution File \_\_\_\_\_

Landlord Approval \_\_\_\_\_

Residence Check – Driver License # \_\_\_\_\_

Veterinary Reference \_\_\_\_\_

Approval \_\_\_\_\_

Restrictions \_\_\_\_\_

Adoption Counselor \_\_\_\_\_