



CHAUTAUQUA COUNTY
HUMANE SOCIETY
CARING SINCE 1905

Pet Adoption Application

Chautauqua County Humane Society
2825 Strunk Road - Jamestown, NY 14701
Phone: 716-665-2209 Fax: 716-665-2615
www.spcapets.com

Applicant Instructions: Please complete the following application and print clearly. Please consult an adoption counselor if you are unclear about any question below. After carefully reading the information section, sign and return to the Front Desk to review your application with an adoption counselor and determine if you qualify for adoption.

What type of pet are you looking to adopt? _____

1. Why do you wish to adopt this pet? Companion for self _____ Companion for child _____
Companion for other pet _____ Companion for other person _____ Hunting dog _____ Guard Dog _____

2. Are you over the age of 18? Yes _____ No _____

3. Do you live alone? Yes _____ No _____ Ages of adults _____ Ages of kids _____

4. Who will be responsible for the pet's care? _____

5. I live in a: House _____ Apartment _____ Mobile Home _____ With Parents/Other _____

6. I Own _____ Rent _____ Length of time at this address: _____

Landlord Name: _____ Landlord Phone: (required if renting) _____

7. Does anyone in the home have allergies to animals? _____

8a. What animals/breeds have you had in the past?

8b. What animals/breeds do you currently have?

8c. Are all animals in household up to date on vaccines? _____

8d. Can you show proof if necessary? _____

9. Did you bring any dogs from home to meet a pet today? _____

10. How many hours a day will your pet be without human companionship? _____

11. Do you plan on leaving you pet alone in the house? _____

In a crate/cage _____ Confined to a room/area _____ Run of the house _____

12. Do you plan on leaving your pet outside? Yes _____ No _____

If yes, please explain: _____

13. How many hours a day will your pet be outside? _____

14. What is the level of activity for your family? Quiet _____ Average _____

Active _____ Hectic _____

15. Are your activities mainly indoor or outdoor? _____

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16. How much grooming do you expect to do with this pet? _____
17. Are you able to provide preventative care (yearly vaccinations) and emergency care (for illness or injuries) for this pet (estimated at \$250-\$300 a year)? _____
18. How often will you be visiting a vet each year? _____
- 19a. Who is your vet now? _____
- 19b. What vet have you used in the past? _____
20. Do you expect to move for any reason in the next 3 years? _____
21. Who will care for your pet if you cannot? _____
22. What circumstances would cause you to return your pet? _____
23. Are you ready to provide this pet with a permanent home for the rest of its life, which can be 10-20 years? _____
24. Has a pet died in your home in the last 3 months? _____
If yes, from what? _____
25. Have you adopted from us before? _____
Under what name & address? _____
Do you still have the pet? _____ If no, what happened? _____

****All medical cost incurred after adoption are the responsibility of the adopting party and not that of CCHS****

I certify the information I have provided is true to the best of my knowledge:

Signature: _____ Date: _____

Print Name: _____ Driver's License #: _____

Address: _____ Date of Birth: _____

City & Zip _____ Email: _____

Home Phone: _____ Cell Phone: _____

Township (where you pay taxes : _____

Emergency Contact for Microchip (Person other than yourself)

Name: _____ Phone: _____

Approved by: _____ for 30 days from today: _____

Approved for _____ Green level dog _____ Blue level dog
 _____ Puppy _____ Experienced dog owner
 _____ Adult Cat _____ Kitten

Counselor Comments: _____

CCHS RESERVES THE RIGHT TO DENY ANY ADOPTION