Ohio Valley S.P.C.A. Inc.

P.O. Box 3001

Wheeling, WV 26003

(304) 215-8254

Adoption Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name / ID of Pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Non Related Personal References:*

Name Phone# \_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_ Yrs. Known \_\_\_\_

Name Phone# \_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_ Yrs. Known \_\_\_\_

**Veterinarian’s name & phone number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have children? Yes: \_\_\_ No: \_\_\_ If so what are their ages? \_\_\_\_\_\_

Will this be your child’s first experience with a pet as part of the household? Yes \_\_\_ No \_\_\_\_

Does anyone in your home have any allergies to dogs or cats? Yes \_\_\_ No \_\_\_\_

What would you do if someone in the household became allergic to the pet after you adopted it? ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under what circumstances would you give up your dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your home close to or on a main street or highway? Yes\_\_\_\_ No \_\_\_\_

Do you live in a house?\_\_\_\_ Apartment? \_\_\_\_\_ Condo? \_\_\_\_ Mobile Home? \_\_\_\_

How Long At This Address?\_\_\_\_\_\_\_

Do you Own?­­\_\_\_\_\_\_

Do you rent?\_\_\_\_

If renting, are pets allowed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Landlords name & phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a fenced yard? Yes:\_\_\_\_ No:\_\_\_\_\_

Are you willing to housebreak the dog? Yes:\_\_\_\_ No:\_\_\_\_

What method of housebreaking will you use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of outside containment do you plan to use? \_\_\_\_\_\_\_\_\_\_

Will the dog ever be chained? Yes:\_\_\_\_ No: \_\_\_\_

This pet would be alone for \_\_\_\_\_\_\_\_\_\_ hours per day.

During the day where would the dog spend most of his time?\_\_\_\_\_\_\_\_

Where will the animal sleep at night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you go away for a few days/vacation, who will care for the dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever adopted a dog before from a rescue group or a shelter? Yes: No:\_\_\_\_

Have you ever given up a dog in the past? Yes: No: If yes, what were the circumstances?

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

Please list all pets you own or have owned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are your pets spayed /neut.? Yes: No:\_\_\_

Are your pets up to date on all shots? Yes:\_\_\_ No:\_\_\_\_\_

Are your pets on heartworm preventative? Yes: No:\_\_\_\_

Are they on flea/tick preventative? Yes: No:\_\_\_\_\_

Are you familiar with crate training? Yes: No:\_\_\_\_

Are you aware that:

Routine care of a pet may cost up to $500 or more a yr. Yes: \_\_\_ No: \_\_\_

Some pets shed profusely & some of them drool or slobber. Yes:\_\_\_ No: \_\_\_

Housetraining takes time and patience, & some accidents will happen!

Yes: \_\_\_ No:\_\_\_

*Do you agree to the following*? :

Take your pet to the Veterinarian on a yearly basis for shots and a checkup? Yes: \_\_\_ No:\_\_\_

When you adopt a pet, you're taking responsibility for it for a lifetime, which can be up to 14 or more years? Yes: No:­­­ \_\_\_\_

**\***You will not take the pet to an animal shelter if you are unable to keep it. You will notify Ohio Valley SPCA Inc. of any situation in which it is impossible for you to keep the pet. Yes: \_\_\_ No: \_\_\_\_

Our pets are placed in inside homes only. Yes: \_\_\_ No: \_\_\_

To have a home check before adoption? Yes: No: \_\_\_\_

Keep current license and ID tags on pet at all times? Yes: No: \_\_\_\_

Restrain pet in open vehicle, i.e. pickup truck or convertible? Yes: \_\_\_ No:\_\_\_\_

By your signature you agree to the policies & procedures of Ohio Valley SPCA Inc. Any failure to follow these policies & procedures will constitute a breach of contract, and Ohio Valley SPCA Inc. can reclaim both possession & ownership of the pet. You agree not to abuse or neglect the adopted pet. You understand that the pet, as far as can be determined is in good health, and Ohio Valley SPCA Inc. is not responsible for medical fees incurred after the adoption date. However, if a health problem should develop in the first three days notify Ohio Valley SPCA Inc. to discuss the matter. In addition, you agree to give Ohio Valley SPCA Inc. visitation rights to ensure that the terms of the Adoption Agreement are being observed.

I understand that Ohio Valley SPCA Inc. requires the above information to insure that the animals are placed in a good home. I certify that the above information is true and I understand that Ohio Valley SPCA Inc. will reclaim the animal if they discover that any of the information is not true or if any part of the adoption contract is violated.

Applicant(s) Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_