

Oswego County **SPCA**
(OCAWL)
P.O. Box 442
Fulton, NY 13069
315-592-5551

DOG ADOPTION APPLICATION

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Work Phone _____

E-mail address _____

RESIDENCE INFORMATION

Do you own? _____ Rent? _____

Type of home (circle one): House Apartment Student Housing Mobile Home

If you rent, who is your landlord? _____

Landlord's contact information _____

How many residents live in your household? Adults _____ Children _____

Ages of children _____

CURRENT PET INFORMATION

Type of animal and name Gender Age Years Owned S/N?

If you have a dog, your dog will have to be current on his/her shots.

Who is your veterinarian? _____

Veterinarian's phone number _____

Do you have a fenced-in yard, safe suitable run situation or will you be willing to walk this dog as often as needed?

A representative from OCAWL-SPCA will need to visit your home to make sure that it is suitable for this dog. Would that be acceptable?

Who will be responsible for this animal?

Reason for wanting to adopt this dog?

If you have younger children, they would need to be educated on how to interact with this animal in order to prevent bites/scratches and also possible harm to the animal. Are you willing to do this? Yes _____ No _____

I certify that the above is true. OCAWL-SPCA has the right to refuse adoption to anyone.

Signature _____ Date _____