

SPAY NEUTER ACTION PROJECT

Post Office Box 1373, La Jolla, CA 92038
619-525-3047

Adoption Site: _____

Adoption Application Canine Feline

PLEASE PRINT CLEARLY

To be completed by SNAP representative	
Animal's Name	_____
Microchip #	_____
Breed/Color	_____
Age	_____ Sex _____
F.P. Name	_____
F.P. Contact #	_____

Name: _____ Date: _____

Spouse/Roommate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-mail: _____

Occupation: _____ Spouse / Roommate Occupation: _____

Employer: _____ Employer: _____

PERSONAL REFERENCES (Please do not include family)

Name:		Name:	
Phone:	Relationship:	Phone:	Relationship:

- Do you live in a: House Condo Apartment Mobile Home Military Housing
Other (please specify) _____
- How long have you lived there? _____
- If less than 2 years, please give previous address _____
- Do you rent? Yes No If "Yes", do you have your landlord's permission to have pets? Yes No
- May we contact your landlord? Yes No
- Landlord's Name: _____ Phone: _____
- Do you have a swimming pool? Yes No Do you have a fenced yard? Yes No
If you have a fenced yard: What is the fencing material? _____ how high? _____
- Do you have screens on all your windows? Yes No Do you have a balcony? Yes No
- Would you object to an inspection of your premises by a rescue representative? Yes No
- List the names & ages of all children living at home: _____
- Is anyone in your household allergic to animals? Yes No
If "Yes" are they on medication that can control the allergies? Yes No

12. Name of your veterinarian: _____ Phone: _____
(Your) estimated annual cost for medical care: \$ _____

13. Do you currently own any animals? # of Dogs _____ # of Cats _____

14. Have they all been spayed or neutered? Yes No Date of last vaccination(s): _____

15. Have you owned a cat or dog before? Yes No If "Yes", what happened to them? (If deceased, please state cause of death and how long ago): _____

16. Will this animal be kept mostly: Indoors Outdoors Both

17. How soon after the pet arrives home will it be left alone? _____ How many hours per day will this pet be left alone? _____

18. Where will your companion be kept during this time and what type of indoor / outdoor shelter is available: _____

19. Where will your pet sleep? (Please be specific): _____

20. Who will be responsible for feeding, grooming, and training your new pet? _____

21. Dogs left alone frequently dig, chew & bark. How do you plan to deal with these potential problems? _____

22. Cats are known to claw furniture, carpet, drapes, etc. How do you plan to deal with these potential problems? _____

23. If you are adopting a cat, where will you keep the litter box? _____

24. Do you plan to put an I.D. tag on your pet? Yes No Do you plan to license your dog? Yes No

25. How often do you travel? _____ How do you plan to provide for the pet when you are out of town? _____

26. Under what circumstances would you not keep this pet? Divorce New Baby New Job Illness Local Move Out of State Move Overseas Move Other: _____

27. Do you plan to de-claw your cat? Yes No If so, why? _____

28. Why do you want a pet? (Please number choices in order of importance: 1,2,3)
For Children ___ Companion ___ For Spouse ___ Mouser ___ As a gift ___ For other pet ___

29. How did you learn about SNAP/ and or this pet? Union Tribune Petfinder Petco PetSmart PNC Radio Website Adoption Event Other (Please specify): _____

30. Cats & dogs can live longer than 15 years and their care may amount to over \$400.00 per year. Are you prepared for this responsibility? Yes No

I UNDERSTAND THAT COMPLETING THIS APPLICATION DOES NOT GUARANTEE THAT I WILL BE SELECTED TO ADOPT AN ANIMAL FROM SNAP.

I CERTIFY THAT THE ABOVE IS TRUE, AND THAT ANY FALSE INFORMATION MAY RESULT IN NULLIFYING THE ADOPTION.

Signature: _____ Date: _____

Adoption approved by: _____ Date: _____