



Official Use Only	
Dog Name	_____
ID #	_____
Chip #	_____
Cnslr name	_____
Date	_____

Dog Adoption Application

To adopt a pet, you:

- Need to present current identification showing present address
- Must be at least 18 years of age
- Have permission from your landlord or own your home

Personal Information

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Work: _____

Email address: _____

Secondary contact: _____ Phone: _____

Why would you like to adopt a dog? _____

Housing Information

Apartment House Mobile Home Other: _____

Rent Own

Do any children **18 and under** reside in your home? Yes No

If yes, please list their ages: _____

Turn Over

Pet Information

Please list ALL current AND past pets in your home. (Continue on separate page if needed)

Name Species Breed Age Indoor/Outdoor? Past/Present? Are they Spayed/Neutered?

_____ Yes No

_____ Yes No

_____ Yes No

_____ Yes No

If have lost a pet at an early age due to an accident or illness, please let us know what happened:

Where will your new dog spend time?

- in the house on a tether/chain in a fenced yard off leash outside
- in a crate outdoor kennel with me at work walked on a leash

Additional Information

I would like information on or have questions about? (check all that apply)

Introductions: Dog to Dog Dog to Cat Dog to Child

House Training Crate Training Separation Anxiety Puppy Training/Socialization

Barking Jumping Chewing Digging Escaping Play Biting

Enrichment Eliminating Unwanted Behavior Other: _____

Agreement

By signing this form, I acknowledge that all information on this form is true and correct. I understand that any misrepresentation of fact may result in NSPCA refusing adoption privileges to me. If my request for adoption is approved and later NSPCA discovers the above information is not true or correct, NSPCA reserves the right to remove the adopted dog from my home.

I would like to make an ADDITIONAL DONATION of \$_____ to go toward the care of other adoptable animals at Nevada SPCA.

Signature: _____ Date: _____

Once completed please hand back to a staff member to begin your adoption process!