



Adoption Application



Animal Name _____ Animal Type _____

Name of Applicant _____ Occupation _____

Name of Spouse/Sig. Other _____ Occupation _____

Names and Ages of Children _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____ Email _____

Do you live in a House _____ Apartment _____ Condo _____ Townhouse _____ Other _____

Do you Own _____ or Rent _____ If Rent, are there pets allowed? Yes _____ No _____

Landlord's Name and Phone Number _____

How much time will the animal be indoors? _____

How much time will the animal be outdoors? _____

About how many hours a day will the animal be left alone? _____

Where will it be left alone? _____

What area(s) of the house will the animal be allowed into? _____

Where will the animal sleep at night? _____

Do you have a fenced yard? No _____ Yes _____ Fence Height _____ Type _____

Why do you want an animal? (Check all that apply) Companion _____ Companion for Kids _____

Companion for other pet _____ Watchdog _____ As a Gift _____ Protection from Intruders _____

Number of current pets: Cats _____ Dogs _____ Other _____

Breed of Dog(s) _____

If you have any animals, are they spayed/neutered? Yes _____ or No _____

What pets have you had in the past? _____

What happened to the ones you no longer have? _____

What would happen to the animal if you moved...? Locally? _____

Out of State? _____ Out of country? _____

Do you have a regular Veterinarian? Yes _____ No _____

If Yes, Name of Vet and Clinic _____

How would you train this dog? (Check all that apply) Obedience School _____ Spank _____

Firm Verbal Commands _____ Reward _____ Punishment _____ Clicker/Hand Signals _____

Would you be able to live with hair on your furniture, stains on your rugs, and an animal that might be destructive at times? Yes _____ No _____

Will you provide Veterinary medical care, grooming, proper diet, proper shelter, training and exercise for your new pet? Yes _____ No _____

Are you able to make a long-term commitment to care for your pet for its entire life span, which could be as much as 10 to 20 years? Yes _____ No _____

Under what circumstances would you not be able to keep this animal? _____

Please notify SPARC **IMMEDIATELY** at (805)525-8609 should your new

pet become ill during the first 7 days after adoption or should you have to

re-home your SPARC pet for any reason or at **ANYTIME!**

After hours: VMSG (805)339-2290

Please **DO NOT** re-home or euthanize your SPARC pet at any time without

calling SPARC! We are here to help you!

Adoption Agreement

I certify that all statements made by me on this adoption agreement are true and correct. I agree that SPARC has the right to confiscate the above described animal in the event that any statements made by me are found to be false.

Please read and **INITIAL** that you understand the following:

_____ I understand that should my pet ever be sick or injured, I promise to take it to the vet and cover all the costs.

_____ I understand that my animal very well will require additional training to be done at my expense.

_____ I understand that all animal ownership, including vet visits, are my responsibility once I take home my new pet from SPARC.

_____ I agree that I will not de-claw my animal, crop ears, dock tail, or deform/alter my animal in any way.

_____ I understand that any dog adopted from SPARC will have full access to indoors and will not be left outdoors during the night. All cats adopted from SPARC will be 100% indoor cats.

_____ I hereby understand and agree that SPARC makes no representations or warranties, expressed or implied, about the above mentioned animal's temperament and is hereby absolved from any liability for future damages or injuries caused by said animal.

Signature: _____ Date: _____

SPARC Management Signature: _____ Date: _____