

# Special Paws Animal Rescue



## Adoption Application

PO Box 1413  
Discovery Bay, CA 94505  
510.586.8143  
SPARadoptions@gmail.com

Name of the pet(s) you are interested in adopting? \_\_\_\_\_

Cat/Kitten:  Dog/Puppy:   
Other:

Applicant's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Unit # \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

DL or ID: \_\_\_\_\_

Address is a:  House  Condo  Mobile Home  Apartment  Room

Other: \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

Rent:  Own:

Do you have any plans to move? \_\_\_\_\_

If so, when? \_\_\_\_\_

What will you do with your new pet(s)? \_\_\_\_\_

Do you have roommates? Y / N

If renting, please list the name of your Landlord: \_\_\_\_\_

Are pets allowed? Y / N

Phone #: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_

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

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

Hours away from pet(s)? \_\_\_\_\_

How many in household: Adults \_\_\_\_\_ Children \_\_\_\_\_

Ages of Children: \_\_\_\_\_

Do all members of your household agree to a new pet? Y / N

Is this Pet a gift? Y / N

Does any member of your household have known allergies to animals? Y / N

Explain: \_\_\_\_\_

How often do you travel?  Often  Occasionally  Rarely  Never

\_\_\_\_\_

Who will care for your pet(s)? \_\_\_\_\_

\_\_\_\_\_

### PET CARE:

Name of your Primary Veterinarian or Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you been going here? \_\_\_\_\_

City: \_\_\_\_\_

I will take this Pet to the vet:  For a yearly exam and booster shots  
 When it shows signs of illness  
 If behavior issues arise

My Pet needs:

Food  Litter  Toys  
 Scratchers / Cat Tree  
 Crate  Exercise  Training

I understand Pets can have emergency expenses? Y / N

Do you understand basic medical care and needs for this Pet? Y / N

Shots  Worms  Fleas  Ear Mites  Allergies  Hairballs

Who will be responsible for this Pet's daily care?  Self  Spouse  Child

Roommate  Other

Where do you plan to keep your new Pet?  Inside  Outside  Bedroom  
 Crate  Garage  Barn

Other: \_\_\_\_\_

**Most Pets REQUIRE time to adjust to feeling safe and comfortable in the new surroundings.**

Are you OK with this?  
Y / N

How much time will you be willing to give the Pet to adjust?

One week  Two weeks  One month  As long as it takes  None

Can you provide a "safe room" or "safe area" for the Pet to adjust if necessary?

Which room? \_\_\_\_\_

When will your new Pet be outside?  Never  Sometimes  All day  Potty

Outside only

Do you have a fenced backyard? Y / N How tall is your fence? \_\_\_\_\_

Is it secure & safe? Y / N

What will you do if your Pet develops behavior issues? \_\_\_\_\_

Common issues:  
 Scratching  Biting  
 Shedding  Climbing  
 Meowing  Barking  
 Urinating  Chewing

Do you plan to declaw or remove dewclaws?  Yes  Never  Not Sure

If medically necessary

CURRENT PETS? TOTAL # OF CATS? \_\_\_\_\_ TOTAL # OF DOGS? \_\_\_\_\_ OTHER? \_\_\_\_\_

Type	Name	Age	Sex	Shots up to date?	Spay or Neutered?	% Inside?	% Outside?	Re-homed?
			M / F					
			M / F					
			M / F					
			M / F					
			M / F					

PREVIOUS PETS? (WITHIN THE PAST 5 YEARS)?

Type	Age	Sex?	Spay/Neutered?	In/Out, Garage?	Where is this pet now?	Reason for Re-homing?

References: Please list two references of people not living with you below.

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

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**I certify that the above information is true and correct:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Location: \_\_\_\_\_

SPAR Approved: \_\_\_\_\_