



Bucks County Society for the Prevention of Cruelty to Animals
OFFSITE ADOPTION APPLICATION

Date: _____

Animal's Name: _____ Adm# _____ Feline / Small Animal (please circle)

Name: _____

Address: _____

City: _____ Twp/Boro: _____ State: _____ Zip Code: _____

Phone # 1: _____ Phone # 2: _____

Email Address (please print clearly) : _____

Household Information

Do You: [] Own [] Live with Family [] Rent

If renting, please provide Landlord's Name: _____ Phone Number: _____

Housing Type: [] House [] Condo [] Apartment [] Mobile Home

How many children LIVE AT HOME or VISIT: _____ Ages: _____

For whom are you adopting this pet? (yourself/family/friend): _____ Is this your first pet? [] YES [] NO

Current Pets

Total number of pets in home: DOGS _____ CATS _____ OTHER _____

Name: _____ Breed: _____ Age: _____ Gender: _____ Spayed/ Neutered: _____

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Previous Pets

Please list any other pets you have owned in the past 5 years but no longer have:

Name: _____ Breed: _____ Years owned: _____ what happened to this pet? _____

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Veterinary Information

Name of VETERINARY HOSPITAL/CLINIC: _____ Phone Number: _____

Are your pets listed under your name? YES, NO if no, whose name are they under? _____

Cat Adoption

Cat will be: [] INDOOR ONLY [] OUTSIDE [] COMBO Do you plan to declaw? [] YES [] NO [] UNSURE

Would you like information on alternatives to declawing? [] YES [] NO

Do you have a plan to introduce the cat into your household? [] YES [] NO [] NEED ADVICE

Small Animal Adoption

What type of housing do you have for a small animal? [] C AGE [] HUTCH [] ROAM FREE IN HOME

Will animal be kept [] INDOOR [] OUTDOOR [] COMBINATION

Statement of Understanding I hereby give the Bucks County SPCA my permission to contact my landlord, if applicable, and my veterinarian to verify any of the information supplied in this application.

Signature of Prospective Adopter: _____ Date: _____