



Dogs and Puppies

Welcome to the New Hampshire SPCA

Date: _____
Name: _____ Email: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

1. Do you: Rent Own Live with Owner of Home

Please list landlord and phone number: _____

2. Please list current / recent pets:

Type	Current vaccinations	Gender	Age	Additional info

3. Is it ok to contact your Veterinarian? Yes No

Veterinarian Name: _____

Phone Number: _____

4. Have you owned a dog before? Yes No

5. What are some qualities you are looking for in your new dog?

Energy Level: High Medium Low

Good with: Kids Dogs Cats Other _____

Protective Affectionate Other _____

What's the most important quality your dog needs to have? _____

6. How much training are you comfortable with? (none, basic, obedience, agility, etc)

7. What form of training do you use for your dogs? Do you use prong collars?

8. How will you exercise your dog?

9. Is your yard fenced? Yes No

Would you use an invisible fence? Yes No

10. Will your dog be left unattended outside Yes No

If yes, please describe _____

11. Will your dog be left home alone? Yes No How many hours per day _____

12. Other household members: Adult family Younger children Older Children Housemates

What are the children's ages? _____

13. Do you have children or pets that visit your household frequently? (friends, family, etc.) Yes No

Please describe.

14. Please describe your home environment / lifestyle. (Active, frequent travel, work from home, long work days, etc.)

15. Any additional info you'd like us to know?

16. Do you have any questions about the care of your future pet?

By signing below I hereby submit that the information provided by me is true. Any false information may result in my losing the privilege of adopting a pet. I understand that the NHSPCA has the right to deny my request to adopt an animal and that this application must be completed and approved, by the NHSPCA, before an animal adoption may be considered.

Signature: _____ Date: _____

****For Office Use Only****

License Number: _____ State: _____ Exp Date: _____

DOB: _____

Address Verification: _____ Landlord Approval: _____

FYI Approval: _____ Vet Reference: _____

Approved: Yes No

Adoption Counselor: _____