

**INLAND VALLEY HUMANE SOCIETY AND SPCA
 "COMPANION FOR LIFE"
 ADOPTION APPLICATION
 500 Humane Way
 Pomona, CA 91766
 (909) 623-9777**

You are required to complete this application prior to adopting an animal from Inland Valley Humane Society and SPCA ("IVHS"). If you adopt an animal from IVHS, this application becomes part of the adoption contract. Your signature at the end of this document indicates that you have read the document and have provided truthful responses. Please note that if you provide information on this application that is untrue, IVHS reserves the right to permanently disqualify you from adopting animals from IVHS. If you misrepresent yourself as an individual and are actually representing or the owner of an animal rescue organization, IVHS will permanently disqualify you from adopting animals from IVHS.

To qualify for adoption, you must:

- Be at least 18 years old and have a valid driver's license or state identification card stating your current address;
- Have the knowledge and consent of a landlord, if relevant; and
- Be able and willing to spend the time and money necessary to provide medical treatment, proper nourishment and care, and training for a pet.

APPLICANT INFORMATION:

Name:		Age:
Driver's License/State Identification Card/Passport or Other Legally Recognized Identification:		
Home Phone:	Work Phone:	Mobile Phone:
Email Address:		
Name of Spouse/Significant Other:		
Name(s) and Age(s) of Children:		
Is anyone at this residence allergic to animals? If yes, explain.		

RESIDENCE INFORMATION:

Address:			
House: Y N (circle one)	Apartment: Y N (circle one)	Condo: Y N (circle one)	Other:
Rent or Own:			
If renting, does landlord allow pets? Y N (circle one)		Restrictions on species, size or breed? Y N (circle one) If yes, what is the restriction?	
Name of Landlord/Management Company:			Phone:

Homeowners' Insurance: Y N (circle one) Company: _____	Renters' Insurance: Y N (circle one) Company: _____
Does homeowners/renters insurance deny coverage for specific breeds of dogs? Y N (circle one) If yes, which breeds?	
Do you have a fenced yard? Y N (circle one)	Height of Fence: _____
What is the primary purpose for adopting an animal?	

OTHER PETS:

Do you have other pets in the home? Y N (circle one)							
Are you prepared to bring other animals to IVHS for socialization prior to adoption of a new animal? Y N (circle one)							
Describe other pets at the residence:							
Species	Breed	Name	Age	Sex	Current on Vaccinations?	Spayed/ Neutered?	Housed Inside/ Outside

FINANCIAL INFORMATION:

Do you understand that the lifespan of this animal could be as much as 10-20 years? Y N (circle one)
Are you financially able to cover the cost of veterinary care, licensing, quality food and grooming for this animal for its lifetime? Y N (circle one)

VETERINARY CARE/TRAINING:

Do you have a regular veterinarian? Y N (circle one)
Name, address and telephone number of veterinarian you will use for this animal: _____
Are you prepared to house train this animal (if applicable)? Y N (circle one)
If you adopt a dog, do you plan to take the dog to obedience training? Y N (circle one)
Have you obedience trained an animal previously? Y N (circle one)

LICENSING:

I understand that California requires that all dogs over the age of four (4) months be licensed.	_____
	Applicant Initials
I understand that certain municipalities require that cats be licensed.	_____
	Applicant Initials
I agree to comply with all state and local laws regarding licensing.	_____
	Applicant Initials
I understand that the license fee is <u>not</u> included in the adoption fee.	_____
	Applicant Initials

I am not an animal rescue organization or a representative of an animal rescue organization.

I understand that completion of this application does not guarantee that I will be allowed to adopt an animal from IVHS and that IVHS makes all adoption decisions based on what is in the best interests of the animal.

By signing below, I agree that I have read all the information in this application and have provided truthful responses.

Signature of Applicant

Date

TO BE COMPLETED BY IVHS:

Application Approved: Y N (circle one)		Date:	
Application Denied: Y N (circle one)	Date:	Reason Denied:	
Species to be Adopted:			
Control Number:	Kennel Number:	Tag Number:	
Microchip Implanted: Y N (circle one)	Microchip Number:		
Health Check Completed: Y N (circle one)	Date:		
Spay/Neuter Completed: Y N (circle one)	Date:		
Veterinarian certification (F&A Code sections 30503(b)(1) and 31751.3(b)(1)) that spay/neuter is detrimental to animal at this time: Y N (circle one) (If yes, certification must be attached to this application.)			