



ADOPTION APPLICATION

Instructions: Complete this application and return to us via postal service at P.O. Box 1332, Simpsonville, SC 29681 or via email at sheltercca1980@gmail.com.

Personal Information	
Name	
Spouse/Partner	
Street Address	
City, State, Zip	
Email	
Home Phone	
Work Phone	
Cell Phone	

Household Information	
How Long at Current Address	Years Months
Home Ownership	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Parents <input type="checkbox"/> Have a Roommate
Landlord's Name and Phone	
Agreement on Adopting a Pet	<input type="checkbox"/> Yes, everyone in household agrees <input type="checkbox"/> No, we do not agree
Ages of Children in Home	
Ages of Others Living in Home	
How did you hear about CCA?	

Pet Preference	
Type of Pet	<input type="checkbox"/> Dog <input type="checkbox"/> Puppy <input type="checkbox"/> Cat <input type="checkbox"/> Kitten
Type of Dog	Age Range: Size/Weight: Breed/Type:
Type of Cat	Age Range: Breed/Type:

Pet Ownership History	
Have you owned a pet before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind? <input type="checkbox"/> Dog <input type="checkbox"/> Cat If yes, how many?
What happened to your pet(s)?	
Do you currently own a pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind? <input type="checkbox"/> Dog <input type="checkbox"/> Cat If yes, how many?
Are your pets current on vaccinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your dog on heartworm medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind?
Are your pets spayed and neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where does your pet stay?	

Veterinary Reference	
Veterinarian's Name	
Veterinarian's Phone Number	
Pet's Name on Vet Records	
Owner's Name on Vet Records	
<i>NOTE: if the animal is under four months of age, you will be required to provide a rabies shot</i>	

Animal Care	
Under what circumstances would you surrender a pet?	
If adopting a cat/kitten, will you declaw?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you medicate appropriately (e.g. flea treatment, heartworm medication, etc.)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
You acknowledge that the complete history of this animal may not be available and you will work with CCA to resolve any behavioral issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Concerned Citizens for Animals

P.O. Box 1332 | Simpsonville, SC 29681 | 864.243.4222 | www.ccaweb.org | concernedcitizens4animals@gmail.com

Accommodations	
Do you have a fenced-in yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type and height?	
How is the gate secured?	
Who will care for your pet when you are out of town?	
What will be your pet's primary living space?	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Other If other, please explain:
For outside dogs: Do you have a dog house?	<input type="checkbox"/> Yes <input type="checkbox"/> No

References		
<i>Please list three references not related to you.</i>		
Name	Phone	Email Address

Adoption Fees	
Kittens & cats up to four years old - \$100	Puppies & dogs up to four years old - \$150
Cats over the age of four - \$75	Dogs over the age of four - \$100
Barn cats – please inquire	

I certify the information provided on this form is true and correct. **Falsifying any information may result in the adoption being denied or the animal being reclaimed by CCA.** I understand that responsible pet ownership requires food and veterinary care which can be costly, and I am physically and financially able to care for this pet. I also understand that a home visit will be done prior to the adoption and may be done randomly after. If the conditions in which the animal is living are found to be, in CCA's assessment, substandard, CCA has the right to reclaim the animal. Adoption fees are non-refundable. **I also understand that my veterinarian will be contacted to confirm vaccinations of current pets are up-to-date and that he or she has been spayed or neutered prior to submitting this form.**

Signature _____ Date _____

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