

SPAY-LEE APPLICATION FORM

**We have a one-way drive time limit of 3 hours
from Southwest Florida for placements
of our adoptable animals.**

Note: All answers on this app MUST be completed.

Otherwise, your application will not be processed.

**Please fill out your answers and e-mail responses back
to apic@aol.com for the pet you are interested in.**

We do not keep applications on file.

Please watch www.spay-lee.com for updates.

Date: _____

Name of pet you are interested in:

Are you applying to another rescue in this state, if so, which?

Are you applying for another pet on the SPAY-LEE website? If so, which one/s?

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone _____

How late can we call you? _____

What is your age range?

18-35____ 36-50____ 51-65____ 66-75____ over 75____

Occupation:

Work Phone: _____

E-mail address _____

Do you own or rent your home? _____ Own _____ Rent _____ Other

Is your home: _____ Single Family _____ Multi Family _____ Condominium

_____ Apartment _____ Mobile Home _____ Manufactured Home

_____ Gated Community _____ Home Owner's Association

Please provide directions from a major roadway:

How long have you lived at this address? _____

If less than 2 years, what is your former address?

Does your homeowner's or renter's insurance allow dogs? ____ Yes ____ No

Name of insurance company and agent with phone #:

If rent, will your landlord approve ownership of pet? ____ Yes ____ No

Landlord's name and phone number:

Do you have an enclosed fenced yard? ____ Yes ____ No

If fenced, what type fencing and how high?

If no fence, how will the dog be exercised and pottied?

How far from your front door is the road?

Would you be willing to have a home visit before adopting a pet?

In event of a hurricane or other disaster list the plans for you and your pets:

Will the pet be exposed to children on a regular basis? ____ Yes ____ No

If yes please answer the following questions:

Age _____ Sex _____ Live with or how often visit _____

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(If more, please answer above questions for each child.)

How many adults other than the primary owner will live in the house with the pet?

How many children will live in the house?

Do you have lifestyle changes pending, such as a new baby, moving, divorce, remarry or other, what if anything do you plan for your pets?

If you become ill or deceased, who will take care of the pet?

Do you own other pets? ____ Yes ____ No

If yes, are they currently licensed in your county? ____ Yes ____ No

If yes, are they currently microchipped? ____ Yes ____ No

What type of Heartworm Preventative medication do you use?

What brand dog food does your pet eat?

How often is he/she fed?

How often is water available for your pet?

For any dogs in your home, please answer the following:

Name: _____ Age _____ Sex _____

Neutered? ____ Yes ____ No

Breed _____

How obtained?

Name: _____ Age _____ Sex _____

Neutered? ____ Yes ____ No

Breed _____

How obtained?

Name: _____ Age _____ Sex _____

Neutered? ____ Yes ____ No

Breed _____

How obtained?

Name: _____ Age _____ Sex _____

Neutered? ____ Yes ____ No

Breed _____

How obtained?

(If more, please answer above questions for each dog.)

Do you own any cats? Yes No How many? _____

How many, if any, are declawed? _____

If yes, are they currently licensed in your county? yes No

If yes, are they micro-chipped? Yes No

If yes, please answer the following for each cat:

Name: _____ Age _____ Sex _____

Neutered? Yes No Indoor? Outdoor? Both?

Breed _____

How obtained?

Name: _____ Age _____ Sex _____

Neutered? Yes No Indoor? Outdoor? Both?

Breed _____

How obtained?

Name: _____ Age _____ Sex _____

Neutered? Yes No Indoor? Outdoor? Both?

Breed _____

How obtained?

Name: _____ Age _____ Sex _____

Neutered? Yes No Indoor? Outdoor? Both?

Breed _____

How obtained?

Have your cats lived with dogs before? Yes No

Describe any other animals that you own:

Is there someone home during the day? Yes No

Is there someone home during the night? Yes No

Where will the pet stay during the day?

Where will the pet stay during the night?

Where will the pet sleep?

How many hours will this animal be left alone either in a crate, a bathroom or laundry room, or loose in the house?

Will you have a dog house for your dog? ____ Yes ____ No
If yes, where will this dog house be located? ____ Front yard ____ Back yard
What type/brand is the dog house?

Is dog house in a fenced-in yard or will you keep the dog on a chain near the dog house?

What other pets have you owned in the past? Please give each pet's name and breed, the length of time you had the pet, and the reason why you no longer have the pet.

Why would you like to own this breed/pet?

Have you ever obedience trained a dog before? ____ Yes ____ No
Would you be willing to take obedience lessons with your dog, if you are applying for a dog? ____ Yes ____ No
What would cause you to give up your pet?

Your current or most recent veterinarian:

Veterinarian's address

Veterinarian's phone number _____

LIST TWO PERSONAL REFERENCES

Name _____

Relationship _____

Phone _____

Name _____

Relationship _____

Phone _____

Have you ever been refused a pet adoption? ____ Yes ____ No

If yes, by whom?

Have you ever had to give up a pet for any reason? ____ Yes ____ No

If yes, please state reason:

For what reasons would you give up a pet?

Do you live in a county or city with pet limits? ____ Yes ____ No

If so, how many pets are you "permitted" to have?

Are you aware once you adopt this pet, you cannot sell, give, or in any way transfer ownership of him/her? This pet MUST be returned to SPAY-LEE.

____ Yes ____ No

Where did you hear about SPAY-LEE?

**Thank you. Someone will be getting back to you shortly.
If you do not hear from us in a week, however, please contact us.**