Thank you for your interest in adopting a pet at the NHSCPA. Please understand that it is not our intention to make the adoption process cumbersome, but to insure that the animals in our care get the best possible home and that you get the best possible pet for your lifestyle. While we make every attempt to screen all incoming animals for health and temperament problems, we cannot guarantee the health or temperament of the animal. It is the goal of our adoption program to find permanent, loving and responsible homes for our charges, and make them a match that will last a lifetime.

	Date:	
Full Name:		
	Phone (W):	
Address:		
City:	State:	Zip Code:
Please provide your previous address	if you have lived at your cu	urrent address for less than one year:
Previous Address:		
City:	State:	Zip Code:
WISHLIST:		
Complete this section if you are look	ing for a specific type or bre	eed that is not currently available:
Breed(s) desired:	Size:	
Sex: ☐ Male ☐ Female ☐ Eithe	er Age: As young as .	, as old as
·		
	FOR OFFICE USE ON	NLY**
License Number:	State:	Exp. Date:
Date of Birth:		
Address Verification:	Landlord Approval:	
FYI Approval:	Vet Reference:	
Approved: ☐ Yes ☐ No Adoption	n Counselor:	

Signature:	Date:		
Any false information may result in my losing the privilege NHSPCA has the right to deny my request to adopt an animal completed and approved by the NHSPCA before an animal	e of adopting a pet. I understand that the mal and that this application must be		
I,, hereby submit the	at the information provided by me is true.		
15. Do you agree not to use this animal for commercial pro	oduction or meat? Yes No		
May we call them? ☐ Yes ☐ No Phone Number: _			
14. Current Veterinarian:	-		
13. Which family member will have primary responsibility for the care and feeding?			
12. Do you have a pond or can you provide a pool for bathing? ☐ Yes ☐ No			
11. If you decide to move, what will you do with this animal?			
10. Will this bird(s) be separate from your other animals? ☐ Yes ☐ No			
9. How many and what other types of animals do you have	2?		
8. Do you have a fenced yard for the bird(s)? \square Yes \square No			
7. What type of shelter will you provide?			
City: State:	Zip Code:		
Address:			
lame: Phone (H):			
6. Please provide your landlord or homeowner's name and			
5. How will this animal be confined to your property?			
4. Why would you like to adopt this pet? ☐ Layer ☐ Pet	☐ To Breed		
3. Who are you adopting this pet for? (Please check all that ☐ Self ☐ Family ☐ Spouse ☐ Child ☐ Parent	,		
(Current estimated costs: \$100 - \$300 per year.)			
2. Are you aware of and able to meet the financial responsi	ibility of owning farm fowl? Yes No		
1. Have you ever owned farm fowl before? ☐ Yes ☐ No			

When completed, please return this form to the NHSPCA, c/o Carrie Fyfe, Farm Program Manager: 104 Portsmouth Ave, Stratham, NH 03885, fax number: 603-778-7804, or email to **farmprogram@nhspca.org**