



ADOPTION APPLICATION

HUMANE SOCIETY OF CAROLINE COUNTY
 P.O. BOX 75
 RUTHER GLEN, VA 22546
 804-867-7534
 hsc.adoptions@gmail.com



We appreciate you taking the time to complete our application. We are an all-volunteer organization and it sometimes takes a few days for us to complete the processing of an application. Once your application has been processed a member of our staff will contact you. (Note; it is VERY important that you answer all questions on the application. This information helps us in deciding whether you are the best match for the animal you have chosen. Failure to provide complete information could lead to the application being rejected).

Name of animal(s) you are interested in adopting: _____

PERSONAL INFORMATION

Applicant's Name:

Telephone number(cell) :

Home:

Email Address:

Home Address:

City:

State:

Zip Code:

Length of time at this address:

Previous address(if less than 2 yrs):

Employers name and address:

Work Phone:

Drivers license #:

Co-Applicant's Name:

Employers name and address:

Work Phone:

Drivers license number:

HOUSING INFORMATION

Do you live in: House Townhouse/Condo Apartment Other(explain) _____

Do you : Rent Own

Landlord Name _____ Landlord Phone # _____

(We must contact your landlord for approval if you are renting)

What size is your yard?(acres) _____ Is your yard fenced in? yes no

Type of fence: Privacy Chain link Invisible Height of fence. _____

Is the animal you are adopting going to reside at this address?

Is this animal a gift?

Are there any restrictions concerning animals that may reside at this address?

If yes what are they?

FAMILY INFORMATION

How many adults live in your home?

Are all adults living in your home in agreement to this addition to your family?

How many children live in your home?

Ages of children:

If you have no children will the animal be in contact with children?

Please explain:

Have you/anyone in your home been convicted of animal abuse or neglect?

If yes please tell us more about the incident:

Does anyone in your home have asthma? Are you aware that animals may have an affect on an asmatic?

Does anyone in your home have a disability or special needs that we should know about?

Concerns or thoughts you would like us to know :

LIFESTYLE INFORMATION

Where will this pet be housed during the day?

Where will the pet sleep?

Where will the pet stay when home alone?

Where will the pet stay during vacations?

How many hours per day will this pet be without human companionship ?

Is it required that you travel for work?

If yes, who will care for the pet while you are gone?

ANIMAL CARE/TRAINING AND EXERCISE

Who will be the primary caregiver?

Are you willing and able to provide pet care for the next 10 or more years,including vet checks,vaccinations,boarding(if needed), medical care, indoor housing, etc? ___yes ___no

Have you ever trained an animal?

Have you ever crate trained an animal?

Would you be willing to take an animal to obedience classes if needed?

Some pets may take 30 days or more to adjust. During this time there can be behavior problems that are based on fear and/or confusion. It takes time for you to learn your new pets signals and for him/her to learn your routines. Are you willing to give this pet time to adjust to its new environment/family members?

This animal may not be housebroken, are you willing to work with this animal?

PET HISTORY

Please list all pets you have owned in the past 2 years. Include any pets that may be residing in your home but you do not own. If more room is needed please include an additional sheet containing COMPLETE list.

PET 1

Name of pet: Breed: Age: Gender:

Spayed/neutered?

Is/was the pet up to date on all vaccinations?

Has/was the pet tested for heartworms?

Is/was the pet on heartworm preventative?

Is/was the pet on flea/tick preventative?

How long have/did you own this pet?

When was its last vet visit?

If deceased, how old was the pet when it passed and list the cause of death;

PET 2

Name of pet: Breed: Age: Gender:

Spayed/neutered?

Is/was the pet up to date on vaccinations?

Has/was the pet tested for heartworms?

Is/was the pet on heartworm preventative?

Is/was the pet on flea/tick preventative?

How long have/did you own the pet?

When was its last vet visit?

If deceased, how old was the pet when it passed and list the cause of death;

PET 3

Name of pet: Breed: Age: Gender:

Spayed/neutered?

Is/was the pet up to date on vaccinations?

Has/was the pet tested for heartworms?

Is/was the pet on heartworm preventative?

Is/was the pet on flea/tick preventative?

How long have/did you own the pet?

When was its last vet visit?

If deceased, how old was the pet when it passed & cause of death;

VETERINARY INFORMATION

Please provide name, address and phone number for past and present veterinarians. HSCC will contact them to verify previous and current pets altered and kept up to date on all vetting. If you do not have an existing vet, please list the intended vet you will use.

Vet#1 Name: _____ Phone: _____
Address,city,state and zip: _____
Pets treated: _____

Vet #2Name: _____ Phone: _____
Address,city,state and zip: _____
Pets treated: _____

Intended vet Name: _____ Phone: _____
Address,city,state and zip: _____

PERSONAL REFERENCES

Please provide us with 2 personal references. These may include friends, neighbors,co-workers,breeders, trainers,etc. They may not be family members.

Reference #1 name: _____ Phone#: _____ Relationship: _____

Reference #2 name: _____ Phone#: _____ Relationship: _____

UNEXPECTED PAST SITUATIONS

We ask this information only to gain an understanding of your pet history. We understand that there are often very good reasons for pet situations to change.

Have you or anyone in your home ever sold, given away or surrendered a pet?

If yes , explain the situation and why?

ACCOMMODATIONS

There is a non-refundable adoption fee due at the time of adoption, is this acceptable to you? ___yes ___no

We require a home visit to complete this application. Are you willing to comply? ___yes ___no

How did you hear about us or who referred you?

Have you ever applied to any other rescue group? Is yes which one?

By submitting this application, I agree to the following;

1. If I am approved for adoption I will pay the designated non-refundable fee immediately.
2. If for any reason after the 30 day trial I find that I cannot keep the animal I will return it to The Humane Society of Caroline County.
3. I am authorizing, through submission of this form, the Veterinarian(s) named above to release any information and records concerning past or present care of animals to Humane Society of Caroline County. I agree to hold harmless and indemnify said veterinarian(s) for providing such information.
4. I certify that I am 18 years of age or older and have read and understand this application in its entirety and have answered all questions honestly and to the best of my ability. I understand that any misrepresentations of fact may result in removal of the adopted pet from my home.

A representative from the Humane Society of Caroline County will discuss your application and the needs of the animal you wish to adopt. This is an informal conversation and a great time for you to ask any questions or voice any concerns about the adjustment period, or the needs of the animal. The representative will help you throughout the adoption process with planning the best way to introduce your new pet to its new environment and with resolving any issues that may come up after the adoption. The representation will follow up with a phone call approx. 2 weeks after the adoption and a final home visit 1 month after finalizing the adoption, just to ensure your satisfaction as well as the animals.

Name of Applicant: _____

Please print

I agree to all terms and conditions listed above: _____

Signature of applicant

Date