I would like to adopt a/an:

Dog

Cat

Other

Name of animal, if known:

Name:

Street Address: City: State: Zip Code:

Telephone number: (Home) (Cell)

Email Address:

Are you over 18 years of age?

Whom is the pet(s) for? Self Gift If a gift, for whom?

How many hours will the pet be alone each day?

How many adults live in your home?

How many children live in your home? Ages of children?

Who will be responsible for the pet?

Do you: Own \_\_\_ Rent to Own \_\_\_\_\_

 Rent **\_\_\_*(includes living with parents rent free)***

Type: House\_\_\_\_ Apartment \_\_\_\_ Mobile Home\_\_\_\_ Condo \_\_\_\_ Townhouse \_\_\_\_ Hotel/Motel \_\_\_\_

If renting, does your lease allow pets? Yes No

Name of landlord: Telephone Number:

How long have you lived at your current address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your home life were to change (death, moving, financial change) do you have a plan for your pet(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your plan? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you plan on helping your pet(s) adjust to their new home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you or any member of your household have any allergies? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

If **yes** please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all your **curren**t pet(s) below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dog Breed, Cat, Other Animals** |  **Name** |  **Age** | **Sex M or F** |  **Spayed or Neutered** | **Kept indoors/outdoors/both** |
|  |  |  |  |  Yes No |  |
|  |  |  |  | Yes No |  |
|  |  |  |  | Yes No |  |
|  |  |  |  | Yes No |  |
|  |  |  |  | Yes No |  |
|  |  |  |  | Yes No |  |
|  |  |  |  | Yes No |  |
|  |  |  |  | Yes No |  |
|  |  |  |  | Yes No |  |
|  |  |  |  | Yes No |  |

Are you a current member of our Hand in Paw program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes for what: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have use of a private yard? Yes \_\_\_\_\_ No \_\_\_\_\_\_

Is the yard fenced? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

Type: Chain \_\_\_\_ Wooden \_\_\_\_ Electric \_\_\_\_ Invisible \_\_\_\_

Where will the pet(s) sleep at night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a charge of animal cruelty, neglect, or abandonment? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Have you had any pets in the last five (5) years? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

If **yes** what have you had: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been to the Humane Society of Warren County before? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If **yes** please check what for:

Donor \_\_\_ Member \_\_\_ Reclaim \_\_\_ Surrender \_\_\_ Adopter \_\_\_ Hand in Paw \_\_\_ Spay/Neuter \_\_\_ Volunteer \_\_\_

Do you have a current vet? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes** please fill out the information below:

Vet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

If **no** which vet do you plan on using?

Vet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Adoption fees for dogs and cats include an initial distemper vaccine and deworming. Dogs also receive a bordetella vaccine. Some dogs and cats, but not all, have received a rabies vaccination. We also offer microchipping, FIV/FeLV tests (cats), and Heartworm/Lyme/Ehrlichia tests (dogs) for an additional fee of $20 per test/microchip.

Virginia law requires that all dogs and cats be spayed or neutered within 30 days of adoption or by 7 months of age. The adoption fee for puppies under 5 months includes the cost of spay/neuter through Anicira Veterinary Center. The adopter is responsible for the cost of spay/neuter for all other pets that are not yet fixed.

I certify that the above information is true and understand that false information may result in nullifying this adoption. I understand that this application does not constitute a “hold” on any animal. I also understand adoptions are not on a first come, first serve basis. Our adoption decisions are dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal. I understand HSWC has the right to deny any application.

Adopter’s Signature: Date:

**FOR OFFICE USE ONLY**

***Veterinarian Reference Check***

Name of pet(s) on record?

Are all of the client’s pet(s) on record spayed or neutered?

Are all of the client’s pet(s) on record current on their vaccinations?

*(Pet has to have a current rabies vaccination.)*

Verified by: Date:

 *Staff Initials*

***Landlord Verification:***

Yes: No: Verified by: Date:

 *Staff Initials*