



# Animal Adoption Application

PO Box 1224 ~ Culpeper, Virginia 22701  
540.727.7554 Fax 540.727.7559  
www.AdoptCulpeperPets.org



*Adoption applications are taken very seriously*

*Application must be completely filled out and answered for consideration!*

Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

Contact number: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Address on License or Military ID-include city/state/zip code

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

Residence address

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

Is your residence a **House** ~ **Trailer** ~ **Apartment** ~ **Condo** ~ **Townhouse**? (circle one)

Do you **Own** ~ **Rent** ~ **Live with family**? (circle one)

Are you **under** 21 yrs of age? \_\_\_\_\_

How long have you been at this residence a **Week** ~ **Month(s)** ~ **Year(s)** \_\_\_\_\_

Name of landlord or person owning the home where you live: \_\_\_\_\_

**Contact phone** number of this person: \_\_\_\_\_

Are there children **under the age of 6** who reside with you? \_\_\_\_\_

Does anyone who resides with you have animal related allergies? \_\_\_\_\_

Do you presently own any pets? \_\_\_\_\_ Please list \_\_\_\_\_

Current Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Are your pets current on vaccinations & county licenses? \_\_\_\_\_

Are your pets spayed or neutered? \_\_\_\_\_

(over)

*This section to be completed by a HSC's representative before adoption is approved or completed.*

The HSC's Confirmation caller was \_\_\_\_\_

Date & Time of call: \_\_\_\_\_

Notes of confirmation call.

*Include all pertinent information regarding the permission of a pet, include name of person giving information/permission.* \_\_\_\_\_

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

Do you or your neighbors own any livestock? \_\_\_\_\_ Please list \_\_\_\_\_

Where will you keep your pet during the day? \_\_\_\_\_

Where will your pet sleep? \_\_\_\_\_

Will your pet be mostly an **inside-outside** pet or an **outside-inside** pet? (circle one)

How are you planning to confine your pet inside? \_\_\_\_\_

How are you planning to confine your pet outside? \_\_\_\_\_

Who will care for your pet if you go out of town? \_\_\_\_\_

If you move, what will you do with your pet? \_\_\_\_\_

Are you familiar with housebreaking and obedience training? \_\_\_\_\_

**HSC strongly suggests investing in basic obedience training. Will you honor our wishes?**

Crate training is recommended. Are you in favor of using and educating you and your family on this approach? \_\_\_\_\_

Have you ever turned a pet over to an animal shelter? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Have you ever adopted a pet before and **from whom**? \_\_\_\_\_

Companion Pets are a big responsibility and expense.

**Can you afford to spend an approximate \$500-\$1000 per year to properly care for your pet?**

**The State Virginia requires all dogs and cats adopted to be spayed or neutered, do you understand all companion animals will be either spayed or neutered?** \_\_\_\_\_

Have you ever been convicted of an animal related crime? \_\_\_\_\_

Have you ever had an animal removed from your care by the authorities? \_\_\_\_\_

Why do you want to adopt from HSC? \_\_\_\_\_

The HSC requires that all adoption applications be filled out completely. It is our responsibility & duty to be the advocates for our animals and by doing so HSC wants to place these pets in the best environment coupled with the best homes. We reserve the right to reject any application that, in our judgment would not provide the best home possible. Our animals are companion animals and deserve to spend their lifetime as happy family members. It is our policy NOT to adopt any animal to persons that would use our animals for food for other animals, represent research labs, to persons who have previously surrendered a pet to an animal shelter, or to a persons who plan to have their pet live its life entirely outside on a chain.

If approved and plan to adopt from HSC, we recommend that your NEW companion pet be taken to your veterinarian within the first week of ownership. To the best of our knowledge the pet is healthy at he time of adoption. Any routine medical care or treatment are undertaken at the new owner's expense and will not be the responsibility of the Humane Society of Culpeper. If the pet is found to have a major medical problem within this time it may be returned immediately. A refund may be issued but not required. Please call to schedule arrangements.

I \_\_\_\_\_ certify that all information given on this application is true and complete. I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected.

Signature \_\_\_\_\_ Date \_\_\_\_\_