



ADOPTION APPLICATION

We will not process this application unless it is COMPLETE!

Date _____

Are you interested in a ___ DOG or a ___ CAT? Specific Animal's Name (optional) _____

Applicant Name _____

Co-applicant's Name _____ Co-applicant's Relationship *spouse, roommate, etc.* _____

Street Address _____ Apt # _____ City _____ State _____ Zip _____

Driver's License # _____ State of Issue _____ Birthdate ___/___/___

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Check all that apply: I want a pet for ___ FAMILY ___ GIFT ___ PROTECTION ___ HUNTING

Check all that apply: I ___ HAVE A JOB ___ AM A HOMEMAKER ___ AM A STUDENT

If you are a student, what is your current year of enrollment? _____

Check all sources of income: ___ SELF ___ COAPPLICANT ___ RETIREMENT ___ GOVERNMENT PROGRAM

How many adults live in your household? ___ How many children? ___ How old are the children? _____

Please tell us about the children's experience with pets: _____

Is anyone in your household allergic to dogs or cats? _____

If yes, please tell us who is allergic to which animals: _____

Do you ___ RENT or ___ OWN?

Do you live in a ___ HOUSE ___ APARTMENT ___ TOWNHOME ___ MOBILE HOME or ___ OTHER: _____?

How long have you lived at your present address? _____

If you rent, do you have your landlord/management company's permission to have pets? _____

How many? _____ Any weight, size, or breed restrictions? _____

IF YOU RENT, WE WILL NEED TO CONTACT YOUR LANDLORD OR MANAGEMENT COMPANY

Please provide their name and telephone number _____

Please list ALL pets owned in the last 15 years

please include animal type, age if living, and age of death and reason for death if deceased

Please list Veterinarians with phone numbers for living or deceased pets in the last 10 years

Out of town application will not be processed without phone numbers!

Are all pets up to date on vaccinations? _____

Have cats been tested for Feline AIDS (FIV) and Feline Leukemia (FeLV)? _____ What were the results? _____

Are all pets spayed and neutered? _____

If yes, please note which vets performed the surgeries _____

If no, please explain why and give # of litters each pet has delivered _____

Have you ever had to give up a pet? _____

If yes, why? Where did you take it? _____

Have you ever lost a pet to illness or injury? _____

If yes, please explain: _____

Where would your new pet be kept during the day?

Where would it sleep at night?

How long would the animal be left alone each day?

How and where would it be confined?

If you're interested in a dog, how would you exercise it?

How often?

Please describe the areas where the dog would get exercise:

Who would be the MAIN caregiver of this animal?

How would your new pet be cared for during overnight absences or vacations?

How much per year do you think it would cost to take care of this pet? \$ _____

Under what circumstances would you consider giving up your pet? Check all that apply:

DOG:

- Chewing
- Barking
- Digging
- Housebreaking issues
- Jumping up
- Jumping/Climbing out of enclosure or running away
- Other: _____

CAT:

- Spraying
- Scratching furniture
- Other: _____

DOG OR CAT:

- Shedding
- Allergies
- Jumping on furniture
- Other: _____

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I am willing and financially able to make the necessary financial commitment to care for a pet by providing veterinary care, including routine vaccinations and proper nutrition, for the life of the pet. YES NO

I understand that a pet can live 15 years or longer. After giving very careful thought and consideration to all the responsibilities of pet ownership and my future lifestyle commitments, I would be able to care for a pet for its entire lifespan. YES NO

I am fully prepared to make the commitment of time to care for a pet by providing training, regular exercise, grooming, and human interaction for the life of the pet. YES NO
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I certify that the above information is correct, and I understand that the Wythe County Humane Society has the right to verify this information.

APPLICANT SIGNATURE _____

DATE _____

Please send your completed application to petsnperil@yahoo.com or mail to WCHS, P. O. Box 362, Wytheville, VA 24382

ELECTRONIC SUBMISSION OF THIS APPLICATION WILL SERVE AS SIGNATURE