



Adoption Application

2170 Old Furnace Road
P.O. Box 413
Harrisonburg, VA 22803
Phone (540) 434-5270
Facsimile (540) 432-9509

ALL QUESTIONS MUST BE ANSWERED COMPLETELY & LEGIBLY FOR APPLICATION TO BE CONSIDERED

Applicants must be 18 years of age or older and must present a valid government ID

Date: _____ □ Name of the pet you are interested in: _____

Applicant's Name(s)-Please list all ADULTS residing in household: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Work Phone: _____ E-mail _____

Will the pet reside at the above address? YES / NO City/County of Residence: _____

Do you live in a: House _____ Townhouse _____ Condo/Apartment _____ Mobile Home _____ Other: _____

How long have you lived at the above address? _____ Do you: Own _____ Rent _____ Live with parents _____

Amount of acreage on property: 0 to .25 acres _____ .25 to .5 acres _____ .5 to 1 acre _____ 1 to 2 acres _____ 2 acres or more _____

Name of apartment/condo complex: _____ Name of mobile home park _____

If you rent please provide landlord's Name: _____ Phone # _____

If you are a student/live with your parents please provide your parent's Name: _____ Phone # _____

Number of Adults in household: _____ Ages: _____ Number of Children in household: _____ Ages: _____

Do children visit your home frequently? _____ Ages: _____

Is anyone in your family allergic to pets? YES / NO Who? _____ Allergic to? Dogs / Cats / Both

Has everyone in the household agreed to adopt this pet? YES / NO If no describe: _____

Are you adopting this pet as a gift for someone? YES / NO If yes describe: _____

Are you currently employed? Full-time / Part-time / Not-Employed / Student / Retired / Other _____

Is your Spouse/partner employed? Full-time / Part-time / Not-Employed / Student / Retired / Other _____

How much are you willing to spend on this animal per year on veterinary care, food, supplies etc? _____

Why do you want to adopt this animal? _____

This animal may live for 20+ years. Do you believe their care is a lifetime commitment? _____

If you relocate what will you do with your animals? _____

If something happens to you/your family or your circumstances change and you can no longer care for this animal what will you do?

What would you consider bad behavior from this animal? _____

How will you train or correct this animal if he/she misbehaves? _____

What would cause you to return this pet to us? _____

How/Where will you confine this pet to your property? (Mark all that apply)

Frequent Leash Walks _____ Fenced Yard _____ Electric Fence _____ Chained/Tethered _____ Free Roaming _____ Dog kennel _____

What sort of outdoor shelter will this pet have? (Mark all that apply)

Dog house _____ Garage _____ Patio _____ Barn _____ Access to inside house _____ Won't be left outside unattended _____ None _____

How many hours will your pet typically be left alone? _____ Will you be crate training this pet? YES / NO

Where will this pet live when it is left alone? Indoor Only _____ Indoor/Outdoor _____ Outdoor Only _____ Other: _____

Where will this pet live when you are home? Indoor Only _____ Indoor/Outdoor _____ Outdoor Only _____ Other: _____

Where will this pet live during the night? Indoor Only _____ Indoor/Outdoor _____ Outdoor Only _____ Other: _____

