



312 North Battlefield Blvd., Chesapeake, VA 23320
757.546.5355 | www.ChesapeakeHumane.org

ADOPTION APPLICATION

Pet Requested: _____

Applicant's Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Email Address: _____

Place of Employment: _____ Position: _____ How long held: _____

Driver's License/ID Number: _____

Please list names and ages of all other household members (include roommates, spouse, children, etc).

Does anyone listed above suffer from pet-related allergies? Yes No

If you answered yes, please explain _____

Is everyone in the household in agreement with your intent to adopt a pet? Yes No

Is your residence a: Single-Family Home Townhome Apartment Condominium

Do you own or rent this residence? Own Rent

If you rent, please provide landlord's name and phone number: _____

Where will your pet be kept when outside? Fenced-in yard Electric fence Tie-out

Pen Leash walked Other: _____ N/A

What is your plan for your pet in the event of an unexpected move or emergency? _____

Please list all pets that you have **owned in the past 5 years**:

<u>Name</u>	<u>Breed</u>	<u>Age</u>	<u>Sex</u>	<u>Spayed or Neutered?</u>	<u>Currently in home?</u>

Are you able to provide proof that vaccinations and city licenses are current for all pets? Yes No

Which veterinarian do you currently use for check-ups, vaccinations, etc?

(Please provide clinic name and phone number)

Have you ever given up a pet to an animal shelter before? Yes No

If yes, please explain _____

Why do you want to adopt a new pet? _____

Where will this pet live? Check all that apply. In my home Outside Other: _____

Where will this pet sleep? Crate Utility room/kitchen Loose in home Outside

Other: _____

How many hours a day will this pet be left alone? _____

Where will he/she stay when alone? Crate Utility room/kitchen Loose in home

Outside Other: _____

What concerns do you have? Shedding Noise Scratching Chewing Training

Introduction to children Introduction to other pets Vaccinations Fleas/worms

Other: _____

What energy level are you looking for? High Medium Low

Who will be responsible for the care and cost of this new pet? _____

How much do you expect to spend on your pet's food, supplies, vaccinations, flea/heartworm preventative, check-ups, and other veterinary care each year? _____

Do you understand the importance of keeping identification collars/tags on your pet and all times even if an animal is microchipped? Yes No

Do you intend to do so? Yes No

Do you intend to declaw this pet? Yes No Unsure

How will you address behavioral issues following adoption? _____

Are you willing to make a minimum 6 month commitment to work with this pet and any issues it may have prior to returning it to us? Yes No

By signing below, I agree that the answers I have provided are true to the best of my knowledge and give Chesapeake Humane Society permission to verify this information. Additionally, I certify that I have never been convicted of animal cruelty, neglect, or abandonment.

Applicant's Signature _____ Date _____

CHS Signature _____ Date _____

Application Approved Disapproved – Reason for Disapproval _____

Our Mission | The Chesapeake Humane Society works to promote the welfare of companion animals through programs and initiatives that reduce pet overpopulation, increase adoptions and encourage responsible pet guardianship through affordable pet care.

Our Vision | Our vision is to help pets and the people who love them find each other and stay together.