



312 North Battlefield Blvd., Chesapeake, VA 23320  
757.546.5355 | [www.ChesapeakeHumane.org](http://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 \_\_\_\_\_

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**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.