



123 North Battlefield Blvd., Suite D | 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: \_\_\_\_\_

Are there others living at this address with you?  Yes  No

If you answered yes please list names and ages of all other household members (include roommates).

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

Are any family members in the military?  Yes  No

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, address, and phone number: \_\_\_\_\_

\_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

If you are interested in adopting a dog: does your current residence have a fenced in yard?

Yes: type of fence \_\_\_\_\_ height \_\_\_\_\_  No  N/A

If you move are you going to make sure your new residence is pet friendly so that the pet may go with you?

Yes  No

Please list all other pets **currently** in the household and that you have **owned in the past 5 years**:

<u>Species</u>	<u>Breed</u>	<u>Age</u>	<u>Sex</u>	<u>Spayed or Neutered?</u>	<u>Where is it now?</u>
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, are vaccinations and city licenses current on the animals listed? Yes No  
Are you able to provide proof of same? Yes No

Which veterinarian do you currently use for regular check-ups, testing, vaccines, etc.?  
\_\_\_\_\_

*(Please provide doctor's name, clinic name, and clinic phone number)*

May we contact them as a reference? Yes No

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? \_\_\_\_\_

Where will this pet sleep? \_\_\_\_\_

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

Where will it stay when it is alone? \_\_\_\_\_

Is shedding a concern? Yes No

Is noise a concern? Yes No

What energy level are you looking for? High Medium Low

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

How will you train/correct inappropriate behavior your new pet exhibits? \_\_\_\_\_

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 or debark this pet? Yes No

Do you understand the need for annual (or more frequent) veterinary care? Yes No

Do you understand the cost of maintaining a healthy, happy pet (including flea & heartworm preventative, check-ups, vaccinations, food, toys, supplies, etc. can run between \$700-\$1,500 a year? Yes No

Are you willing/able to incur such costs? Yes No

Do you understand that rescued animals are not perfect and often times require additional patience and training? Yes No

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

Do you understand that if for any reason you are unable to keep this pet you must return it to us? Yes No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Application Approved Disapproved – Reason for Disapproval \_\_\_\_\_