



123 North Battlefield Blvd., Suite D | 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: _____

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 _____
