



# PULASKI COUNTY HUMANE SOCIETY

P.O. BOX 1046 • DUBLIN, VIRGINIA 24084 • (540) 674-0089



## ADOPTION APPLICATION

*It will take up to 72 hours to process your application. We will not process this application unless it is COMPLETE!  
You will only be called if you are approved. We will not return calls to persons not approved!*

Today's Date \_\_\_\_\_

Interested in:  DOG  CAT  OTHER: \_\_\_\_\_ Specific Animal's Name (optional) \_\_\_\_\_

Applicant's Full Name \_\_\_\_\_

Co-applicant's Full Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Reason for adopting a pet (please check all that apply)  FAMILY  GIFT  PROTECTION  HUNTING

Current Employment Status (please check all that apply)  EMPLOYED  HOMEMAKER  STUDENT  RETIRED

If you are currently employed, please provide us with the following:

Employer \_\_\_\_\_ Direct Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

If you are a student, what is your current year of enrollment? \_\_\_\_\_

Income Source (please check all that apply)  SELF  COAPPLICANT  RETIREMENT  GOVERNMENT PROGRAM

How many adults live in your household? \_\_\_\_\_ How many children? \_\_\_\_\_ How old are the children? \_\_\_\_\_

Please tell us about the children's experience with pets: \_\_\_\_\_

Is anyone in your household allergic to dogs or cats? \_\_\_\_\_

If yes, please tell us who is allergic to which animals: \_\_\_\_\_

Type of Home  HOUSE  APARTMENT  TOWNHOUSE  MOBILE HOME or  OTHER: \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_

Do you  RENT or  OWN your home?

If you rent, do you have your landlord/management company's permission to have pets? \_\_\_\_\_

How many? \_\_\_\_\_ Any weight, size, or breed restrictions? \_\_\_\_\_

**IF YOU RENT, WE WILL NEED TO CONTACT YOUR LANDLORD OR MANAGEMENT COMPANY**

Please provide their name and telephone number \_\_\_\_\_

### Please list ALL pets owned in the last 15 years

*please include animal type, age if living, and age of death and reason for death if deceased*

### Please list Veterinarians (with phone numbers) that you've used for living or deceased pets in the last 15 years

*Application will not be processed without phone numbers listed*

Are all pets up to date on vaccinations? \_\_\_\_\_

Have cats been tested for Feline AIDS (FIV) and Feline Leukemia (FeLV)? \_\_\_\_\_ What were the results? \_\_\_\_\_

Are all pets spayed and neutered? \_\_\_\_\_

If yes, please note which vets performed the surgeries \_\_\_\_\_

If no, please explain why and give # of litters each pet has delivered \_\_\_\_\_

Have you ever lost a pet (ran away and didn't come back)? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you ever had to give up a pet? \_\_\_\_\_

If yes, why? Where did you take it? \_\_\_\_\_

Have any of your pets ever died from an illness or injury? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Where do you plan on keeping this animal?

Where will it sleep at night?

How long will it be left alone each day?

Where will it be kept when no one is home?

How will it be cared for during overnight absences or vacations?

If you're interested in a dog, how will you exercise it? How often? Where will it be exercising?

Who will be the MAIN caregiver of this animal?

How much per year do you think it will cost to take care of this pet? \$ \_\_\_\_\_

What is your plan if this animal gets sick or injured? What will you do if the medical expenses are over \$1000?

Under which of the following circumstances would you consider giving up this pet? *(please check all that apply)*

DOG:       Chewing                                       Barking                                       Digging  
               Housebreaking issues                       Jumping up                                       Escaping/running away  
               Other: \_\_\_\_\_

CAT:       Spraying/Litterbox issues                       Scratching furniture                       Scratching people  
               Other: \_\_\_\_\_

ANY ANIMAL:  Shedding                                       Allergies                                       Jumping on furniture  
                      Animal illness/injury  
                      Other: \_\_\_\_\_

.....  
 I am willing and financially able to make the necessary financial commitment to care for a pet by providing veterinary care, including routine vaccinations and proper nutrition, for the life of the pet.  YES  NO

I understand that a pet can live 15 years or longer. After giving very careful thought and consideration to all the responsibilities of pet ownership and my future lifestyle commitments, I would be able to care for a pet for its entire lifespan.  YES  NO

I am fully prepared to make the commitment of time to care for a pet by providing training, regular exercise, grooming, and human interaction for the life of the pet.  YES  NO  
 .....

I hereby state that I have never been convicted of animal cruelty, neglect, or abandonment of any animal or animals. I certify that the above information is correct, and I understand that the Pulaski County Humane Society has the right to verify this information.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*Please bring your completed application to our office at the shelter or email a copy to office@pchsva.org*

**ELECTRONIC SUBMISSION OF THIS APPLICATION WILL SERVE AS SIGNATURE**