



INDIAN RIVERS HUMANE SOCIETY

PO Box 264 Aylett, VA 23009 • 804-885-3109

Adoption Application

(Please Print)

Name: _____

Date: _____

Physical Address: _____ Phone: (H) _____

(W) _____

Email address: _____

Mailing Address: (if different than physical address)

I AM INTERESTED IN THE FOLLOWING TYPE OF ANIMAL:

DOG:___ CAT:___ OTHER:___ BREED:_____ GENDER: M___ F___

AGE (in months):_____ SIZE:_____ COLOR:_____

Name of specific animal interested in: _____

Have you ever house trained a dog?

Yes___ No___ Please explain your methods

Are you interested in obedience training for your pet? Yes___ No___

If no, then reason why:

ENVIRONMENT:

IRHS expects that you are going to make a lifelong commitment to this pet. Do you anticipate any major lifestyle changes (moving, marriage, new baby)?

Yes___ No___ If yes, please explain

Number of people living in your household: Adults _____

Children _____ Ages of children: _____

Are there any pet allergies in your family? Yes___ No___

Describe: _____

Do you have a fenced in yard? Yes___No___

Where will your new pet spend most of his time? Indoor___ Outdoor___ (check all that apply)

If outdoor: Fenced yard___ Pen/Kennel___ Tied up / chained___Basement/Garage___Other___ (describe)

Where will your new pet be housed at night? Indoor___ Outdoor___

Type of outdoor shelter provided for pet: _____

Do you know the local ordinances pertaining to licensing, rabies vaccinations, and leash laws?

Yes___ No___

How will the pet be exercised? _____

Family Housing: House___ Townhouse/Apt___ Other___(describe) _____

Do you: Own___ Rent___ If renting, landlords name: _____

phone:_____

EMPLOYMENT INFORMATION:

Employment Status: Full Time___ Part Time___ Retired___ Unemployed___ Student ___

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

Employer Name:_____

Phone:_____

PERSONAL REFERENCES: (please provide at least one reference not related to you)

Name:_____ Phone:_____

Name:_____ Phone:_____

Name:_____ Phone:_____

CURRENT PETS / PREVIOUS PETS:

Have you previously adopted from Indian Rivers Humane Society or any other rescue group, humane society, or shelter? Yes___ No___ If yes, describe:_____

Please describe PAST pets:

Species	Name	M/F	Spay/Neuter	Age	Indoor/ Outdoor	Heartworm preventative/ flea & tick	Up to date on Vaccinations?
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Have you had a pet die of something other than age? If yes, explain:

Please describe CURRENT pets:

Species	Name	M/F	Spay/Neuter	Age	Indoor/ Outdoor	Heartworm preventative/ flea & tick	Up to date on Vaccinations?
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I give Indian Rivers Humane Society permission to my veterinarian(s) and access medical records for past, present, and future pets.

Signature: _____ Date: _____

Veterinarian: _____ Phone: _____

VIRGINIA LAW STATES THAT ALL CATS AND DOGS RELEASED FROM ADOPTION AGENCIES MUST BE SPAYED OR NEUTERED.

Virginia law states that you must provide adequate shelter, veterinary care, and daily food and water for a domestic animal. Adequate shelter means protection from cold, rain, wind, heat, and sun. Also, your dog should be under complete control at all times. By four months of age your dog must be vaccinated for rabies and must be licensed in your county. Cats must also be vaccinated from rabies by four months of age.

Signature: _____ Date: _____

Has anyone in your household ever been convicted of animal abuse, cruelty, or abandonment?

Yes ___ No ___

Signature: _____ Date: _____

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TO BE FILLED IN BY INTERVIEWER

Animal interested in: _____ Safehouse: _____

Approved: yes___ no ___ Reason:

Additional Comments:

Interviewed by: _____ Date: _____

Interviewed by: _____ Date: _____