ADOPTION APPLICATION

Welcome to the Chesterfield Animal Shelter. All persons interested in adopting a pet from our shelter must complete this questionnaire. This information will help us place our animals in the best possible home and at the same time, find the best possible pet for you.

Date:_________________________
(Please print)
Name: _____________________________________________________________
Mailing address:________________________________________________________________
Physical address: ___________________________________________
Home phone:_____________________   Work phone:__________________

1. Name of pet you are interested in:________________________________ or type of pet you are interested in □ dog □ cat □ puppy □ kitten
2. Is this your first experience with a pet? □Yes □ No
3. For what reason are you adopting a pet? □Watchdog □Child's pet □Companion □Family pet □Child's pet □Companion for other pet □Other _____________
4. Do you own any pets at the present time? □Yes □No Name Breed/ Species Age Spayed/Neutered Declawed ___________________________________________ ___________________________________________
5. How many animals have you owned in the past __ years and what happened to them____________________________________________________

7. Do you rent? □ Yes □ No Does your lease allow pets? □ Yes □ No
8. How many children live at your house? ________ Ages?____________
9. How many adults besides yourself live in the household? ____________
10. Do any of the household members have allergies affected by pets? □Yes □No
11. Who will be responsible for taking care of the new pet? ______________________

12. Will this pet be alone during the day? □Yes □No During the Night? □Yes □No
   How many hours will the pet be alone each day? ________________________________

13. Will your pet live inside? □Yes □No Outside? □Yes □No
   If your pet will be outside, what arrangements are you making for safety and shelter?
   ___________________________________________________________________________

14. If adopting a dog/puppy, is there a yard available? □Yes □No Is it fenced? □Yes □No
   Do you have any experience in dog training and housebreaking? __________________
   ___________________________________________________________________________

15. Please give the name, address and phone number of your pet’s current veterinarian.
   ___________________________________________________________________________
   ___________________________________________________________________________
   I certify that the above information is true and accurate to the best of my knowledge and
   that falsification of this information can be cause for denial of my application or revocation
   of the contract.
   Signature __________________________________ Date

   In order to be considered as an adopter, you must:
   1. Be over 18 years of age
   2. Have the knowledge and consent of your landlord (if renting/leasing)
   3. Be interviewed before a decision is made
   4. Be willing and able to spend the time and money to provide training, medical treatment
      and proper care for a pet.

   The Chesterfield County Animal Shelter reserves the right to refuse adoption to anyone.

   OFFICE USE ONLY.

   Application reviewed by: ___________________________ Approved:_____ Refused:_____
   If refused, reason: ___________________________________________________________________