

Chesterfield County
Animal Services

467 Goodale Road
Chesterfield SC 29709
843-623-3585

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
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. How many animals have you owned in the past _____ years and what happened to them _____

6. Where do you live? Apartment House Duplex Mobile Home

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: _____

