

**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: \_\_\_\_\_