

THE HUMANE SOCIETY OF CAROLINE COUNTY, INC.  
P.O. BOX 75  
RUTHER GLEN, VIRGINIA 22546-0075  
(804) 867-7534 [hsc.adoptions@gmail.com](mailto:hsc.adoptions@gmail.com)



## ADOPTION APPLICATION

We appreciate you taking the time to complete our application. We are an all- volunteer organization and it sometimes takes a few days to process the application. Once your application has been processed, a member of our staff will contact you. It is VERY important that you answer all questions on the application. This information helps us in deciding whether you and the animal chosen, will be a good match. Failure to provide complete information could lead to the application being rejected. Sometimes there are multiple applications for an animal; in this case, the first application completed will be the first in line.

**Name of animal(s) you are interested in adopting:** \_\_\_\_\_

### PERSONAL INFORMATION

Applicant's Name: \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Home \_\_\_\_\_ Email \_\_\_\_\_

Home address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of time at this address \_\_\_\_\_ yrs.

Previous address if less than 2 year \_\_\_\_\_

Employers name & address \_\_\_\_\_

Work phone: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Employers name & address \_\_\_\_\_

Driver's license # \_\_\_\_\_ State \_\_\_\_\_

### HOUSING INFORMATION

Do you live in: \_\_\_ House \_\_\_ Condo/Townhome \_\_\_ Apartment \_\_\_ Other(explain) \_\_\_\_\_

Do you: \_\_\_ Own \_\_\_ Rent: Landlords Name \_\_\_\_\_ Phone: \_\_\_\_\_

(We must contact your Landlord for approval if you are renting)

Are there any restrictions concerning animals at your address: \_\_\_ Yes \_\_\_ No (if yes, please explain) \_\_\_\_\_

Yard size \_\_\_\_\_ (acres) Fenced in: \_\_\_ Yes \_\_\_ No Fence height: \_\_\_\_\_ Privacy \_\_, Chain \_\_ Invisible \_\_

Will the animal you are adopting reside at your address: \_\_\_\_\_ Yes \_\_\_\_\_ No Is this animal a gift: \_\_\_ Yes \_\_\_ No

**FAMILY INFORMATION**

How many adults live in your home?\_\_\_\_\_

Are all adults living in your home in agreement with this addition to your family? \_\_\_Yes \_\_\_No

How many children live in your home? \_\_\_\_\_ Ages: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

If you have no children will the animal be in contact with children? \_\_\_Yes \_\_\_No

Please explain\_\_\_\_\_

Have you or anyone in your home been convicted of animal abuse, neglect, or domestic violence?

\_\_\_Yes \_\_\_No

If yes, please tell us about the incident:

Does anyone in your home have asthma? \_\_\_Yes \_\_\_No Are you aware that animals may have an effect on asthmatics. \_\_\_Yes \_\_\_No

Does anyone in your home have a disability/ special needs that we should know about? Yes-No

Concerns or thoughts you would like us to know:

**LIFESTYLE INFORMATION**

Where will this pet be housed during the day?

Where will this pet sleep?                      Where will this pet stay when home alone?

How many hours per day will this pet be without humane companionship?

Is it required that you travel for work? \_\_\_Yes \_\_\_No If yes who will care for the pet in your absents?

**ANIMAL CARE/TRAINING/EXERCISE**

Who will be the primary caregiver?

Are you willing and able to provide care for the next 10+ years, including all vetting, indoor housing, and boarding (if needed) \_\_\_Yes \_\_\_No

Have you ever trained an animal? ( ) Y ( ) N done crate training? ( ) Y ( ) N Would you take obedience classes, if needed? ( ) Y ( ) N

Some pets may take 30 days or more to adjust to new surroundings and adjust to your routines. This pet may not be housebroken, are you and your family willing to work with this animal during these adjustments? \_\_\_Yes \_\_\_No

## PET HISTORY

Please list all pets you have owned in the past (2) two years. Include any pets that may be residing in your home but you do not own. If more room is needed, please add an additional sheet to complete your list.

### PET 1:

Name of pet\_\_\_\_\_Breed:\_\_\_\_\_Age:\_\_\_\_\_Gender: ( ) Male ( ) Female

Spayed/Neutered? ( )Y ( ) N Up to date on Vaccines? ( )Y ( ) N Heartworm Tested? ( ) Y ( ) N

Is/was on Heartworm preventative? ( ) Y ( ) N Is/was on flea/tick preventative? ( ) Y ( ) N

How long did you have this pet? \_\_\_\_\_ Date of last Vet visit? \_\_\_\_\_ Name of Vet\_\_\_\_\_

If decease, how old was this pet and what was the cause of death? Age ( ) Cause:

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### PET 2:

Name of pet\_\_\_\_\_Breed:\_\_\_\_\_Age:\_\_\_\_\_Gender: ( ) Male ( ) Female

Spayed/Neutered? ( )Y ( ) N Up to date on Vaccines? ( )Y ( ) N Heartworm Tested? ( ) Y ( ) N

Is/was on Heartworm preventative? ( ) Y ( ) N Is/was on flea/tick preventative? ( ) Y ( ) N

How long did you have this pet? \_\_\_\_\_ Date of last Vet visit? \_\_\_\_\_ Name of Vet\_\_\_\_\_

If decease, how old was this pet and what was the cause of death? Age ( ) Cause:

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### PET 3:

Name of pet\_\_\_\_\_Breed:\_\_\_\_\_Age:\_\_\_\_\_Gender: ( ) Male ( ) Female

Spayed/Neutered? ( )Y ( ) N Up to date on Vaccines? ( )Y ( ) N Heartworm Tested? ( ) Y ( ) N

Is/was on Heartworm preventative? ( ) Y ( ) N Is/was on flea/tick preventative? ( ) Y ( ) N

How long did you have this pet? \_\_\_\_\_ Date of last Vet visit? \_\_\_\_\_ Name of Vet\_\_\_\_\_

If decease, how old was this pet and what was the cause of death? Age ( ) Cause:

## VETERINARY INFORMATION

Please provide the name, address, and phone number for past and present veterinarians. HSCC will contact them to verify previous and current pets altered and kept up to date on all vetting. If you do not have a vet, please list the intended vet you will be using.

**VET. # 1:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State Zip \_\_\_\_\_

Pet treated \_\_\_\_\_

**VET. # 2:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State Zip \_\_\_\_\_

Pet treated \_\_\_\_\_

**VET. # 3:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State Zip \_\_\_\_\_

Pet treated \_\_\_\_\_

## Personal References

Please provide two personal references. These may not be family members.

**Reference #1:** Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Reference #2:** Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Unexpected Past Situations

We ask this information only to gain an understanding of your pet history. We know that there are often good reasons for pet situations to change.

Have you or anyone in your home ever sold, given away or surrendered a pet? If so, please explain:

## ACCOMMODATIONS

There is a **non-refundable adoption fee** due at the time of the adoption, is this acceptable? ( ) Y ( ) N

We require q home visit to complete this application. Are you willing to comply? ( ) Y ( ) N

How did you hear about us? \_\_\_\_\_ Have you ever applied to another rescue group? \_\_\_

Which one? \_\_\_\_\_

By submitting this application, I agree to the following:

1. If I am approved for adoption the balance of the fee is due before the Foster animal is released.
2. If, for any reason after the 30-day trial, I find that I cannot keep the animal I will return it to the Humane Society of Caroline County.
3. I am authorizing, through submission of this form, the Veterinarian(s) named within to release any and all information and records concerning past and present care of animals to The Humane Society of Caroline County. I agree to hold harmless and indemnify said veterinarian(s) for providing such information.
4. I certify that I am 18 years of age or older and I have read and understand the application in its entirety and have answered all questions honestly to the best of my ability. I understand that any misrepresentation of facts my result in removal of the adopted pet from my home.
5. Upon receipt of your check/cash for an adopted animal, the adoptee assumes all responsibility for the care of the adopted animal. This includes but, is not limited to veterinary care, booster shoots, and/ or office visits. HSCC will turn over all medical records and will have been responsible for any Spay/Neuter and inoculations that bring the animal up to date on care at the time of adoption.

A representative from the Humane Society of Caroline County will discuss your application and the needs of the animal you wish to adopt. This is an informal conversation and a great time to ask questions or voice any concerns. The representative will help you throughout the adoption process with planning the best way to introduce your new pet to a new environment and resolve any issues that may come up after adoption. The representative will follow up with a phone call about 2 weeks after adoption and a final home visit 1 month after finalizing the adoption, just to ensure your satisfaction and well as the animal's.

Name of Applicant : \_\_\_\_\_( please print)

I agree to all terms and conditions listed above (sign and date)

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