

POWHATAN SHERIFF'S OFFICE-DIVISION OF ANIMAL CONTROL

ADOPTION APPLICATION

Name: _____ SSN or DL#: _____

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____ Work/Alternate #: _____

Cell phone: _____ Email: _____

Date of Birth: _____

Employer: _____

If you do not work please list your spouse's employer _____

Why is this a good time to adopt? _____

Why are you interested in a shelter animal? _____

What animal are you interested in? Dog ___ Cat ___ Animal Name: _____

What age animal are you interested in? Puppy/Kitten _____ Adolescent _____
Adult _____

What size? _____ Weight? _____ Male _____ Female _____

Who is this pet for? Self _____ Family _____ Children _____ Gift _____

If pet is a gift, then for whom? _____

Marital Status: Married _____ Single _____ Partner _____

Number of adults in Household: _____ Children: _____ Age _____

Name of veterinarian: _____ Phone: _____

Are all of your pets current on vaccinations including rabies? Yes _____ No _____

If no...why? _____

Who will watch your pet when you are out of town or away for the night? _____

What would happen to your pet if you had to move? _____

Have you ever surrendered an animal to a shelter or rescue? Yes _____ No _____

If yes, please explain: _____

Have you ever been reported to animal control or had an animal removed from your care? Yes _____ No _____ If yes, explain: _____

What behaviors do you find unacceptable in a pet? _____

Would you be able to pay emergency vet care between \$200.00 - \$800.00 if needed?

How much are you willing to spend on vet care in a year for this animal?

DOLLAR AMOUNT REQUIRED

Have any of your pets passed away for reasons other than old age? If so, explain: _____

Do you own? _____ or rent? _____

Landlord name: _____ Phone: _____

Does your lease allow pets? _____ Weight or breed restriction? _____

Do you have a fenced in yard? Yes _____ No _____

If yes, what type of fence and how tall? _____

Where will you keep your shelter animal when you are not home? _____

Will your animal be kept mainly indoors or outdoors?

Do you have a crate? Yes _____ No _____

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

What other pets do you own?

Name/Breed/Sex/Age/Altered/Indoor or Outdoor?

1) _____

2) _____

3) _____

4) _____

References

Name/Phone number/Relationship to you; **you may only use one person related to you (sister, brother, mother, father, and in-laws)**

1) _____

2) _____

3) _____

By signing below, I certify that all of the above information is true, and I recognize that any misrepresentation of the facts may result in loss of my adoption privileges. I certify that I have never been convicted of animal cruelty, neglect, abuse, or abandonment.

I authorize verification of all statements in this application with listed veterinarian, references, and landlord.

Powhatan Sheriff's Office reserves the right to refuse adoption to anyone who, in their opinion, will not provide a suitable home for this pet. If you decide not to keep the animal you adopted. It shall be returned to the Powhatan Sheriff's Office Division of Animal Control.

Signature: _____

Date: _____

Any person who adopts a dog or cat from us will be legally responsible for that dog or cat. This includes providing all adequate care, having the dog or cat neutered or spayed, and keeping rabies vaccinations and county license up to date at all times. In most cases, we do not adopt out to those who have owner-surrendered in the past. Exceptions may be made at the officer's discretion. WE RESERVE THE RIGHT TO REFUSE ADOPTION TO ANY INDIVIDUAL.

FOR ANIMAL CONTROL USE ONLY

Incident #: _____

Pet name/description: _____

Outcome/Recommendations: _____