

# AUGUSTA REGIONAL SPCA ADOPTION APPLICATION



**33 ARCHERY LANE STAUNTON, VA 24401**  
**PHONE: 540-885-7722 FAX: 540-885-1425**  
**WWW.AUGUSTAREGIONALSPCA.ORG**

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

Today's Date: \_\_\_\_\_ Applicant's Name \_\_\_\_\_

Home Phone(    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_

email address \_\_\_\_\_

Spouse's Name (if applicable) \_\_\_\_\_ Work Phone(    ) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

☐ I rent my home ☐ I own my home ☐ I Live with parents/relatives

My home is a ☐ home in the city of \_\_\_\_\_ ☐ home in \_\_\_\_\_ County

☐ home in a mobile home park (name of park) \_\_\_\_\_

☐ Apartment or Condo (complex name) \_\_\_\_\_

Landlord's Name and Phone # \_\_\_\_\_

Number of adults \_\_\_\_\_ Number of children \_\_\_\_\_ in my home.

Ages of children: \_\_\_\_\_

Do children visit your home frequently? ☐ Yes ☐ No if yes, ages of children \_\_\_\_\_

Is anyone in your family allergic to pets? ☐ Yes, dogs & cats ☐ Yes, cats only

☐ Yes dogs only ☐ No

**Please list all pets in your household:**

**OFFICE USE:**

1) \_\_\_\_\_ cat/dog/other M/F age \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_

2) \_\_\_\_\_ cat/dog/other M/F age \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_

3) \_\_\_\_\_ cat/dog/other M/F age \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_

4) \_\_\_\_\_ cat/dog/other M/F age \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_

5) \_\_\_\_\_ cat/dog/other M/F age \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_

Have you adopted from this shelter before? Yes / No

Do you still have the pet? Y/N **If no, where is the pet?**

Have you ever brought a pet to any shelter, including this one? Y/N

If 'Yes', WHEN and WHY?

Name and phone number of your veterinarian, if applicable

Are you planning on taking your dog to obedience class? \_\_\_\_\_

Are you prepared to spend \$300-\$500 a year on basic expenses (food, medical) for your pet? ☐yes  
☐no

Will your pet be kept ☐primarily indoors ☐indoors and outdoors ☐outdoors only

How many hours will your pet be left alone each day? ☐0-4 hrs ☐5-9 hrs ☐10+ hrs

Where will your pet be when left alone? \_\_\_\_\_

Where will your pet sleep at night? ☐crate ☐kitchen ☐family member's room  
☐doghouse ☐basement ☐garage ☐other: \_\_\_\_\_

I have a: ☐ fenced yard ☐ invisible fence ☐ outside kennel ☐ cable/runner  
☐ Stationary tie-out ☐ unfenced acreage (how many acres) \_\_\_\_\_ ☐will leash walk dog daily

Under what circumstances would you give up this pet?

- ☐bites/aggressive
- ☐Difficult to housetrain
- ☐chews/destructive when left alone ☐requires too much exercise ☐wanders
- ☐moving to "no pets allowed" housing ☐moving out of state
- ☐medical expenses/animal becomes ill
- ☐aggressive with other pets
- ☐other \_\_\_\_\_
- ☐ **NONE**

I acknowledge that all of the above information is current and accurate to the best of my knowledge, and that any willful misrepresentation will result in the termination of any adoption procedures. I also understand that the animal listed may not be available to be visited with and the ARSPCA reserves the right to refuse an adoption for any reason. An approved application **does not** put a hold on any animal. I am able to provide verification of name, address, and social security number, or driver's license number. I understand that this is only an **application** and no adoption will take place until it is approved and an adoption contract is completed and signed.

Signature: \_\_\_\_\_

**STAFF ONLY Staff Initials:**

**Pending**      **Approved**      **Denied**      **by** \_\_\_\_\_

Notes: \_\_\_\_\_

- ☐ **Address Verified**
- ☐ **Pets Verified**