

AUGUSTA REGIONAL SPCA ADOPTION APPLICATION



33 ARCHERY LANE STAUNTON, VA 24401
PHONE: 540-885-7722 FAX: 540-885-1425
WWW.ARSPCA.ORG SPCA@ARSPCA.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 by name 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? Y/N

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**