



4022 Seaboard Court ~ Portsmouth, VA 23701 ~ 757-397-6004

ADOPTION APPLICATION

Animal's Name: _____	Animal's ID #: _____		
Color _____	Sex _____	Age _____	Species _____
Adoption Counselor's Name: _____			

Thank you for choosing adoption! Please complete the following questions to help guide our conversation today.

Applicant's Name: _____

Address: _____
Street City State Zip

We welcome adopters who rent or live in an apartment or condo. Please note, some landlords and management companies have size and breed restrictions, limits on number of pets, and/or require pet deposits or additional fees. Please be sure to check any restrictions if you do not own your home!

Phone: (cell) _____ (Home) _____ (Work) _____

Email: _____

This pet is meant to be a gift. I am answering the following questions from the perspective of the lucky recipient.

Please list the names and ages of all other household members (including roommates, spouse, children and relatives in your home):

Does everyone in your household agree with your intent to adopt a pet Yes No

Best way to be reached? Cell Home Work Email

Are you in the Military? _____ Driver's License #: _____ State: _____

To be considered for adoption, you must meet the following criteria

- I am at least 21 years old OR I am at least 18 with copy of lease or proof of residence
 I have a valid ID with current address

Pet Ownership History

Please tell us about all pets currently in your household:

- | | |
|--|--|
| <input type="checkbox"/> We have one or more dog(s) | <input type="checkbox"/> We have one or more small animal(s) |
| <input type="checkbox"/> We have one or more cats(s) | <input type="checkbox"/> I'd like help with introducing a new pet to the pet(s) new home |

We'll explain this new pet's medical history and behavior history. Check any additional topics you would like more information on:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Feeding this pet | <input type="checkbox"/> Finding a trainer | <input type="checkbox"/> Crate training | <input type="checkbox"/> House training |
| <input type="checkbox"/> Dog/Cat introductions | <input type="checkbox"/> Grooming / Nail trimming | <input type="checkbox"/> Exercise / Play time | <input type="checkbox"/> Monthly Preventative Care |
| <input type="checkbox"/> Declawing | <input type="checkbox"/> Benefits of Harnesses | <input type="checkbox"/> Puppy / Kitten Proofing your home | |
| <input type="checkbox"/> Local Veterinarians | <input type="checkbox"/> Low Cost Clinics | <input type="checkbox"/> Importance of Vaccinations | <input type="checkbox"/> Dogs on Deployment |
| <input type="checkbox"/> Licensing Requirements | <input type="checkbox"/> Volunteer Opportunities at PHS | <input type="checkbox"/> Information about low cost Spay/Neuter | |
| <input type="checkbox"/> Fostering Opportunities at PHS | <input type="checkbox"/> Information about supporting PHS through in-kind donations and financial gifts | | |
| <input type="checkbox"/> Other questions- | | | |
-

Have you ever been convicted of animal cruelty, neglect, or abandonment? **Yes** **No**

I certify the above information to be true and correct and authorize verification of all statements presented in this application (I.A.W. 3.2-6546 B 2). I understand that at the time of adoption this questionnaire becomes part of a legally binding contract and any false statements or breach of contract entitles the Portsmouth Humane Society to reclaim the adopted pet and/or gives Portsmouth Humane Society the full ability to prosecute for the performance of this contract.

Signature: _____ **Date:** _____

Our Mission To provide pets in need with shelter, spay/neuter surgeries, and loving homes.

Our Vision A world free of homeless and neglected pets.