

# Adoption Application

In order to be considered for adoption:

You must be at least 18 years old

And provide documentation

***The Hanover County Animal Control reserves the right to decline an adoption.***

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Spouse Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Are you 18 or older? Yes/No If so, do you live with your parents? Yes/No Are you a student? Yes/No Full time or Part time?

Parents' phone number \_\_\_\_\_ If so, where will you be during the summer \_\_\_\_\_

Family Member/Personal Reference: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone \_\_\_\_\_

What are you thinking about adopting? Dog / Cat / Puppy / Kitten / Other: \_\_\_\_\_ Size: Large / Med / Small

How much time will you be able to spend with this animal each day? \_\_\_\_\_ How much experience do you have with this type of animal? \_\_\_\_\_

Do you own your own home: Yes / No Can you provide proof of home ownership? Yes / No Do you rent? Yes / No

If renting, describe your landlord's pet policy \_\_\_\_\_

What is your veterinarian's name/number: \_\_\_\_\_

Are your pets' shots up to date? Yes / No Are your pets spayed/neutered? Yes / No

What do you estimate the yearly expense of owning this pet to be? \_\_\_\_\_

Are you committed to keep and care for your new pet for its entire life? Yes / No Have you ever visited or had business with

Hanover County or other Animal Control agencies in the past? Yes / No If "yes", then what kind of business? \_\_\_\_\_

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- **I certify the above answers to be true and correct.**
  - **I understand that any dog or cat adopted from Hanover County Animal Control must be sterilized.**
  - **I understand that I may use the Animal Control as a resource if any behavior problems present themselves or if I need to re-home the animal I am adopting.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Information/ID checked by \_\_\_\_\_ Type of ID \_\_\_\_\_

Approved \_\_\_\_\_