Adoption Application

1)	Date:		Pet's ID/Name:		application entirely. We do not give refunds on adoption fees.					
S.V.A.S.C Identification Name					Prior Pet History List the animals by name that have been part of your family					
				duri	ng the last 10 ye wing codes			•		
Street Address								Gave away		
City Stat			e & Zip	Zip 1 Natural causes			5 Surrendered to shelter			
Home Phone	ne Phone Cell Phone		<u> </u>	2 k	2 Kept as outdoor pet		6 Sold			
Email Address			3 [3 Die tragically		7 Other, not listed, unknown				
Email Address					Datie Name		Charles Chatter			
Driver's License #				Pet's Name	Species		Status			
]						
Employer	Employm	ent		1						
Position		Но	w Long?							
1 03101011			w Long.							
Business Phone	Number									
	Housin	σ		J						
	Landlord's Nan]		1				
Rent	Landlord's Phone #			Ar *	Are your current pets: Yes No * Up-to-date on vaccines? □ □					
Own				*	Spayed or neu		•			
	Do you have a	n yard?	*	On heartworm preventative:						
Length of time at current residence?					Deciawea:					
				. Ve	terinarian's Nai	me or Pra	ctice			
# of adults	# of children		s es of children	1 1/0	terinarian's Pho	ana Numb	or.			
# Of addits	# or crinicien	Agi	es of children	Ve	termanan s Piit	ne Numb	ei			
Roommate/Sp	ouse's Name	•		[<u> </u>						
Does anyone in the household have allergies to any kind of animals?				Where will this pet spend most of its time? crate indoors outdoors garage basement Where will pet stay when you are away on vacation?						
Has anyone in	your household				wiii pet s	wnen	you are a	way on	vacation?	
animal cruelty, neglect or abandonment? Why are you choosing to adopt?				Do you plan on declawing this cat? If so, why?						
				J _						

References – Please provide 2 references in case we are unable to reach you. **Phone Number** Relationship Name **Phone Number** Relationship Name By my signature below, I authorize Shenandoah Valley Animal Services Center (SVASC) to contact: My veterinarian(s) to check the care provided to previously and/or current pets, and to check the spay/neuter My landlord to ensure that I have his/her/its permission to keep pet(s) on the premises; and My employer to confirm employment It is unrealistic to expect a child of any age to assume complete responsibility for an animal. Ultimately the adult(s) of the household are responsible for the complete care of the animals in the home. Are you prepared to take all responsibility for this animal should your child/ren become disinterested? Yes _____ No ____ Please give careful consideration to adopting this animal. Animals are not toys or a short term commitment, they do require daily attention. Make sure your lifestyle allows time, emotional commitment and financial responsibility this animal will need over its life span. It is the responsibility of the SVASC to place this animal in an environment compatible with its needs and to ensure the adoption is in the best interest of both the animal and the applicant. SVASC reserves the right to deny any applicant. st^* SVASC may follow up by phone or in person on any adoption to ensure compliance with the adoption contract. st^* I certify that the statements made on this application are true and accurate to the best of my knowledge. I understand that false statements by me may lead to the rejection of this application for adoption. Signature _____ Date **SVASC USE ONLY** ID Check **Landlord Check** Vet Check Comments Areas of emphasis that were counseled for this pet: ☐ Indoor/outdoor ☐ Vetting ☐ Crating ☐ Kid restriction ☐ Animal restriction ☐ Pet's activity level/exercise needs ☐ Work schedule ☐ Medical conditions ☐ Other ☐ Approved ☐ Conditional Approval □ Denied (Foster to Adopt)

By _

Date