



RICHMOND ANIMAL CARE AND CONTROL

1600 CHAMBERLAYNE AVENUE - RICHMOND, VIRGINIA 23222 - (804) 646-5573
FAX - (804) 646-5586 [HTTP://WWW.RAS.PETFINDER.COM](http://www.ras.petfinder.com)

ADOPTION APPLICATION

THIS SECTION FOR SHELTER USE ONLY

Pet Shelter ID # _____ Dog _____ Cat _____ Other _____ Breed _____

Visual description _____ Run number _____ Date Available _____

Housing Check _____ Approved _____ Not Allowed _____ No Response _____

Approved _____ Declined _____

NOTES: _____

Adopter coming in to complete paperwork on _____ Transport date of pet _____

PLEASE READ CAREFULLY AND INITIAL: Please print your answers to the questions below. Completion of an application does not guarantee adoption of a pet from Richmond AC&C; Richmond AC&C reserves the right to decline any application for any reason. To be considered, applicants must be at least 18 years of age and possess a valid Driver's License. Please be aware that we do not do same-day adoptions; if your application is approved, your pet will come home with you after it has been spayed/neutered.

Applicant's initials: _____

ADOPTER TO COMPLETE THE FOLLOWING: GENERAL INFORMATION

Applicant's Name _____ Today's Date _____

Home Address _____

City, State, Zip _____

Home Phone Number _____ Cell: _____ E-Mail: _____

Employer _____ Work Phone Number _____

- Are you 18 or older? **YES NO**
- Are you a student? **YES NO** Where? _____ **Undergraduate Graduate**
- What are your reasons for wanting to adopt a pet? Circle all that apply:
watchdog hunting child's pet house pet outdoor pet
companion for other pet companion for self or family other _____
- Describe the temperament and activity level you require in a pet. Circle all that apply:
athletic/high energy lap dog couch potato very affectionate quiet
housetrained gets along with other dogs gets along with cats good with children
- How did you find this pet? **RAC&C visit Website Starnet Other:** _____
- Who will be primarily responsible for the care (feeding, grooming, exercising, vet visits, etc.) of this pet? Circle one: **Yourself adults in home roommates parents children in home**
- List all adults in your home _____
Are they aware of your interest in adopting and are they willing to contribute to the care of this pet? **YES NO**
- How many children live in your home? _____ Ages? _____

OVER, PLEASE

RESIDENCY INFORMATION

- 1. Do you own your home? YES NO
2. If no, provide landlord name phone number
Does your lease permit pets? YES NO Any restrictions? YES NO What are they?:
3. Do you have a fenced yard? YES NO What type of fence? Height? ft.
4. Are you planning on moving or any major lifestyle changes? YES NO What? When? What will happen to your pet if you move?
5. How would you describe your household? Circle one: busy/active/noisy calm/quiet in-between

PET CARE AND HISTORY

1. Please list your pet history including current pets (circle one and fill in the blank):

Table with 6 columns: Type, Breed, Where Housed?, How Long Owned?, Neutered, Where is it Now? and 5 rows of pet history data.

- 2. Veterinarian's name
3. Have you ever turned in a pet to a shelter or rescue group? YES NO If yes, please explain
4. Have you ever been reported to an animal shelter for abuse, neglect, or abandonment of a pet? YES NO If yes, please explain
5. How much time will this pet spend alone each day? Circle one: 1-4 hrs 4-8 hrs 8-12 hrs 12+ hrs
6. How much time will the pet spend outside? Circle one: 1-4 hrs 4-8 hrs 8-12 hrs 12+ hrs
7. Where will your pet spend most of her/his time? Day: indoors outdoors Night: indoors outdoors
8. Which behavior would you find unacceptable in this pet? Circle all that apply: nipping chewing biting not housetrained digging barking rough play litter box problems scratching How will you handle it?
9. Will you attend obedience classes with this pet? YES NO (Can we provide you with information?)
10. Crating your dog when it's home alone helps with housetraining and keeps your pet safe. Will you crate train this pet? YES NO If no, where will the pet be when home alone?
11. Pets require daily exercise. How do you plan to exercise your pet? Circle all that apply: leash walks dog park play in yard play in house hiking running other
12. Are you aware of the local ordinances that require pets to be leashed, licensed, and vaccinated? YES NO
13. Are you aware that RACC cannot guarantee the health of any pet it adopts? YES NO
14. Are you prepared to responsibly and humanely care for a new pet for its lifetime? (dogs can live up to 15 years, and cats can live up to 20 years). YES NO
15. Have you or anyone in your household ever been charged with animal cruelty, failure to provide veterinary care, or neglect? YES NO If yes, please explain

READ CAREFULLY AND SIGN: I understand that Richmond Animal Care and Control reserves the right to decline any application for any reason, as well as the right to confiscate any pet adopted to an applicant who gives false information on this application. By signing below, I authorize Richmond AC&C to verify all statements given in this application. My signature represents my promise to the pet indicated that I will provide it with shelter, food, water, medical vaccinations, ID tags, proper licensing, attention, affection, companionship, and proper and necessary veterinary care for it's lifetime.

Applicant's Signature Date