



Suffolk Humane Society
 ADOPTION APPLICATION - DOG
 P.O. Box 5038, Suffolk, Virginia 23435
 757-538-3030

www.SuffolkHumaneSociety.com
info@SuffolkHumaneSociety.com
dogadoptions@suffolkhumanesociety.com

Please understand that the Suffolk Humane Society is completely staffed by volunteers. Once the application is received you will receive notification within 72 hours to schedule a home visit if approved. Suffolk Humane society reserves the right to decide the placement of our animals. The adoption fee is \$225 for puppies and \$200 for adults which includes spay/neuter/flea treatment and all age appropriate vaccinations. Additionally, dogs are tested for heartworms and are on heartworm preventative. We do not keep application on file. Each adoption requires a new application.

Date _____ Specific Animal's Name _____
 Applicant Name _____
 Street Address _____ Apt # _____ City _____ State _____ Zip _____
 Driver's License # _____ State of Issue _____ Birth Date ____/____/____
 Home Phone _____ Work Phone _____ Cell Phone _____
 E-mail Address _____

Circle all that apply:

I want a pet for: FAMILY GIFT MYSELF
 Work Status: HAVE A JOB HOMEMAKER STUDENT OTHER

How long would dog be alone at a time: _____

Do all members of the household know about and want a new animal? YES NO

Who will be the primary caregiver for the dog? _____

If you are a student, what is your current year of enrollment? _____

How many adults live in your household? _____ How many children? _____ How old are the children? _____

Please tell us about the children's experience with pets:

Is anyone in your household allergic to dogs or cats? YES NO

If yes, please tell us who is allergic to which animals: _____

Do you live in a: HOUSE APARTMENT TOWNHOUSE MOBILE HOME OTHER

Do you: OWN RENT

How long have you lived at your present address? _____

If you rent, do you have your landlord/management company's permission to have pets? YES NO

How many pets are allowed? _____ Any weight, size or breed restrictions? YES NO

IF YOU RENT, WE WILL NEED TO CONTACT YOUR LANDLORD OR MANAGEMENT COMPANY

Please provide their name and telephone number _____

Do you have other pets at home? YES NO

Breed _____ Name _____ Age _____ Sex: M F Spayed/Neutered: YES NO

Breed _____ Name _____ Age _____ Sex: M F Spayed/Neutered: YES NO

Please use back of page for additional animals.



If no, have you ever had a pet before? YES NO If yes, what happened to them? _____

Are all pets up to date on vaccinations and spayed/neutered? YES NO

Have you ever had to give up a pet? YES NO If yes, why? _____

Please list Veterinarians with phone numbers for living or deceased pets in the last 10 years. If you do not have a veterinarian already, whose services will you use for your new dog? *Out of town application will not be processed without phone numbers!*

Do you have a fenced yard? YES NO Would dog be inside or outside? YES NO

Under what circumstances would you give up your pet?

DAMAGING FURNITURE NEW BABY CHEWING DIGGING OTHER
DIVORCE MOVING HOUSEBREAKING PROBLEMS LIFE CHANGE NONE

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I am willing and able to make the necessary financial commitment to care for a pet by providing veterinary care, including routine vaccinations and proper nutrition, for the life of the pet. YES NO

I understand that a pet can live 15 years or longer. After giving very careful thought and consideration to all the responsibilities of pet ownership and my future lifestyle commitments, I would be able to care for a pet for its entire lifespan. YES NO

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I certify that the above information is correct, and I understand that the Suffolk Humane Society has the right to verify this information.

APPLICANT SIGNATURE _____ **DATE** _____

Revised February 2015

Landlord Check: _____ Date: _____

Comments: _____

Veterinarian Check: _____ Date: _____

Comments: _____