



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

[www.SuffolkHumaneSociety.com](http://www.SuffolkHumaneSociety.com)  
[info@SuffolkHumaneSociety.com](mailto:info@SuffolkHumaneSociety.com)  
[dogadoptions@suffolkhumanesociety.com](mailto: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

**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**

**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: \_\_\_\_\_