



## DOG AND CAT - APPLICATION TO ADOPT

Thank you for considering adoption through the Animal Welfare League. By completing this form, you're taking the first step toward providing a loving home to one of our precious animals. Your commitment to their welfare is truly commendable. Please fill out the following details to help us match you with the perfect furry companion.

Date: \_\_\_\_\_

### ADOPTER'S INFORMATION:

Full Name: _____
Spouse/Partner/Roommate Name: _____
Address: _____
Contact Number: _____ Email Address: _____
Occupation: _____ Hours: _____ Age: Over 21? <input type="checkbox"/> Yes <input type="checkbox"/> No

### PLEASE LIST THREE PERSONAL REFERENCES:

Full Name: _____	Contact Number: _____
Address: _____	Relationship: _____
Full Name: _____	Contact Number: _____
Address: _____	Relationship: _____
Full Name: _____	Contact Number: _____
Address: _____	Relationship: _____

### YOUR VETERINARIAN:

Full Name: _____
Clinic/Hospital Name: _____ Contact Number: _____
Address: _____

**PLEASE DESCRIBE THE KIND OF DOG OR CAT YOU ARE INTERESTED IN ADOPTING:**

Age: \_\_\_\_\_ Sex:  M  F Reason for preference?: \_\_\_\_\_  
Breed/Mix: \_\_\_\_\_ Size: \_\_\_\_\_ Color: \_\_\_\_\_ Temperament: \_\_\_\_\_  
Why do you want a pet:  Companion  To Breed  Gift  Mouser  Guard Dog  Other: \_\_\_\_\_  
Will you declaw? (cat only):  Yes  No Have you cared for this breed/mix before?:  Yes  No  
Can you commit to caring for a pet for its whole life-time?:  Yes  No  
Why do you like the breed/mix you are interested in?: \_\_\_\_\_

**PLEASE LIST ALL PETS YOU HAVE OWNED OR BEEN THE PRIMARY CARETAKER FOR IN THE LAST 10 YEARS:**

Name:	Type:	Age:	Licensed:	Altered:	Present Location:
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Were any of your pets from a:  Breeder?  Pet Store?  Shelter/Rescue?  Found Stray?  Inherited?  
 Other? \_\_\_\_\_

Have you ever had a pet with a physical or behavioral problem?  Yes  No  
Have you ever had a pet die at an early age or due to an accident?  Yes  No  
Do all your present animals get along well with other animals?  Yes  No  
Have you ever surrendered an animal to a shelter?  Yes  No  
Have you ever had a cat declawed?  Yes  No If so, provide vet's name: \_\_\_\_\_

**PLEASE PROVIDE INFORMATION ABOUT YOUR HOME:**

Number of adults: \_\_\_\_\_ Number of children: \_\_\_\_\_ Ages of children: \_\_\_\_\_  
Are you employed? \_\_\_\_\_ Student? \_\_\_\_\_  
Do all the adults in your household know you are planning to adopt a pet?  Yes  No  
Does anyone in your household have allergies?  Yes  No  
Do you:  Own  Rent  
If you rent, do you have written permission from your landlord to have a pet?  Yes  No  
Landlord's name and phone number: \_\_\_\_\_  
Do you live in a/an:  Apartment  Duplex  Single family home  Mobile home  
Yard size: \_\_\_\_\_ Is it fenced?  Yes  No Fence size: \_\_\_\_\_  
If you move, what will you do with your pets? \_\_\_\_\_  
How will your pet spend his/her days (check all that apply)?  Indoors  Outdoors  Crated  Basement  
 Chained Outdoors  Yard  Barn  Outdoor Kennel  Garage  Porch  In a Room  
How will your pet spend his/her nights (check all that apply)?  Indoors  Outdoors  Crated  Basement  
 Chained Outdoors  Yard  Barn  Bedroom  Outdoor Kennel  Garage  Porch  Kitchen  In a Room

As a responsible pet owner, I understand and agree to a home inspection as part of the adoption process. Additionally, if the pet I am adopting is not already spayed/neutered, I commit to arranging this procedure in accordance with Animal Welfare League's policy.

All of the information I/we have provided in this application is true and correct. If any of the information changes I/we will advise the AWL Adoption Officer promptly.

X  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Spouse/Partner/Roommate Signature

X  
\_\_\_\_\_  
AWL Volunteer

Notes:

Thrift Store and Offices  
75 South Main Street  
Kilmarnock VA 22482  
804-435-0822

P.O. Box 975, White Stone, VA 22578



Web: [www.awlnnk.org](http://www.awlnnk.org) Instagram: @animal\_welfare\_league facebook: @awlofthennk