

Please list all pets you have owned or been the primary caretaker for in the past 10 years.

Name	Type	Age	Licensed		Altered		Present Location
_____	_____	_____	Yes	No	Yes	No	_____
_____	_____	_____	Yes	No	Yes	No	_____
_____	_____	_____	Yes	No	Yes	No	_____
_____	_____	_____	Yes	No	Yes	No	_____
_____	_____	_____	Yes	No	Yes	No	_____
_____	_____	_____	Yes	No	Yes	No	_____

How many of your pets were from a breeder? _____ Pet store? _____ Adopted from a shelter? _____
 Found stray? _____ Inherited? _____ Other? _____
 Have you ever had a pet with physical or behavioral problems? _____
 Have you ever had a pet die at an early age or due to an accident? _____
 Do all your present animals get along well with other animals? _____
 Have you ever surrendered an animal to a shelter? _____
 Have you ever had a cat declawed? _____ If so, which vet declawed the cat? _____

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? _____
 Does anyone in your household have allergies? _____
 Do you own or rent your home? _____ If you rent, do you have written permission from your landlord to have a pet? _____ Landlord's name _____ Landlord's telephone _____
 Is it an: Apartment _____ Duplex _____ Townhouse _____ Single house _____ Mobile home _____
 Yard size: _____ Is it fenced? _____ Height of fence? _____
 If you move, what will you do with your pets? _____
 How will your pet spend his/her days? (circle everything that applies)
 Indoors Outdoors Crated Basement Chained outdoors Garage
 Porch Locked in Room Yard Cat House Barn Outdoor Kennel
 How will your new pet spend his/her nights? (circle everything that applies)
 Your bedroom Kitchen Indoors Crated Basement Garage Outdoor Kennel
 Porch Locked in Room Yard Cat House Barn Chained outdoors

Home visit. You agree to allow us to visit your home by appointment as part of our application process?
Sterilization. If the animal you wish to adopt is not yet sterilized, you agree it must be sterilized before it is six months of age.

Application information. All of the information I/we provided in this application is true and correct. If any of the information changes I/we will advise you promptly.

X _____
 Signature Date

X _____
 Spouse/Partner/Roommate Signature Volunteer

ANIMAL WELFARE LEAGUE of the Northern Neck

APPLICATION TO ADOPT A DOG OR CAT

Please read and fill out this application.

The information you provide in this application will help us find a good match for you.

Adopter's information.

Name _____ Spouse/Partner/Roommate _____
Address _____ City _____ State _____ Zip _____
Home phone _____ Work phone _____
Email _____ Occupation _____ Hours _____
Age: Over 21? ____ Yes ____ No

Please list three personal references and their relationship to you:

Name _____ Relationship _____ Phone _____
Address _____
Name _____ Relationship _____ Phone _____
Address _____
Name _____ Relationship _____ Phone _____
Address _____

Your veterinarian:

Name _____ Town _____ Phone _____

Please describe the kind of dog or cat you are interested in adopting:

Age _____ Sex _____ Reason for preference? _____
Breed/mix _____ Size _____ Coloring _____
Temperament _____ Will it be declawed? (cat only) _____
Why do you want a pet? Companion ____ Mouser ____ Gift ____ To Breed ____ Guard dog ____
Other _____
Can you commit to care for a pet for its whole life-time? _____
Why do you like the breed/mix you are interested in? _____
Have you owned this breed/mix before? _____