

**FLOYD COUNTY HUMANE SOCIETY
CANINE ADOPTION APPLICATION**

Pet ownership is a serious commitment that the entire household needs to consider and agree to before the animal is adopted. We want to ensure that each adoptive household is aware of, and willing and able to accept, the physical and financial responsibilities of pet ownership. Not everyone who desires to own a pet is ready to properly care for one. This questionnaire will assist both you and us in determining if your household is prepared to assume the role of responsible caretaker for a rescued animal. Thank-you for taking the time to fill out this application.

Adopter's Name: _____

Other adults at residence: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____

Cell: _____ Email: _____

Number of children living in house: _____ Ages: _____

Does anyone in your household have allergies to animals? _____ If yes, to what kinds of animals? _____

Does your entire household know that you are considering adopting a pet? _____
If no, why not? _____

Household setting: (circle one) Rural Suburban Urban

Do you live in a: (circle one) house apartment mobile home townhouse

Other (explain) _____

Do you own your home? Yes _____ No _____ If you rent, you **MUST** provide proof of permission to have an animal on the premises.

Landlord's name and phone number: _____

Where would the animal be primarily housed: (circle one) inside outside both

Where would the animal stay when you are not home? (circle any that apply) loose inside
crated or confined inside loose outside kennel/run/fenced area outside
tied/chained outside other (describe) _____

Describe your yard (example: fenced, kennel run, other) _____

If fenced, what is the approximate height and area? _____

Are fence gates always securely latched and/or locked? _____

If the animal is outside other than for supervised activities, describe what shelter would be available (ex: doghouse, shed, covered area (porch, etc), shade trees, etc):_____

Approximately how many hours each day would the animal be left alone? _____

Why are you considering adopting a pet? (circle any that apply) companionship protection hunting breeding other(describe) _____

Is there a particular animal of ours that you are interested in?

Name and description: _____

If no, please note your preferences so that we can notify you when such an animal becomes available: breed (pure, mixed, or no preference)_____ gender_____ age range_____ other_____

Animals can be expensive to care for. Are you able to provide adequate food, shelter and medical care for the adopted animal?_____

What problems would make you return an animal? (circle any that apply) barking chewing house training jumping up shyness/other fears shedding scratching/climbing on furniture digging other (describe)_____

Would you be committed to work with the animal to correct any of these and most other problems?_____

If so, what method of training/correction do you anticipate using? _____

To help resolve problems, are you willing to: (circle any that apply) take an obedience class use a crate seek a trainer or advice have all family members involved?

Would you return the animal due to any of the following circumstances: (circle any that apply) move new baby divorce high cost of animal's care personal illness other and describe_____ none that I know of.

Describe your home's activity level: (circle any that apply) busy, active, noisy frequent guests moderate coming/going quiet other and describe_____

Do you have a swimming pool? _____ If yes, is it above ground or in-ground? _____ Is it separately fenced? _____

Do you feel that a pet should be spayed/neutered?_____ If no, why not? _____

Please list all animals that you presently own, listing type of animal (dog, cat), breed, how long you have owned the animal, animal's name, age, sex, whether the animal is spayed/neutered, and whether the animal is up-to-date on vaccines:

Who is responsible for the daily care of the above? _____

Who is responsible for care when you are on vacation? _____

Name and telephone number of current veterinarian, if any: _____

If less than two years, name and telephone number of previous veterinarian: _____

Please list three personal references, other than relatives, (name, phone number and/or email address) who know the pets you have or have had, and the care that you provide to them:

1. _____
2. _____
3. _____

Please list animals you previously owned and describe what happened to them.

1. _____
2. _____
3. _____
4. _____

Have you ever been charged or convicted of animal abuse or neglect? _____

Individuals who adopt a Floyd County Humane Society (FCHS) animal are contacted periodically for an update to help ensure that the animal successfully adjusts to its new life. If you adopt a FCHS animal, do you consent to home visits before and/or after adoption?

What is the best time to call you at home to check on how the adopted animal is adjusting?

If at any time an adopter cannot keep the animal, it must be returned to the Floyd County Humane Society. If the animal is not spayed or neutered at adoption, the adopter is required to alter the animal and provide a veterinary certification of altering to the Floyd County Humane Society by the date specified in the adoption contract. Animals unaltered by the contractual date may be seized.

By signing below, I acknowledge that I have completely read this questionnaire and comprehend it fully. I know that applying does not ensure approval and that untruthful answers or failure to comply with the requirements of this application or the adoption contract can result in the forfeiture of any Floyd County Humane Society animal adopted by me.

Signature _____ Date _____

Please return this form to: **Floyd County Humane Society, P.O. Box 862, Floyd, VA 24091**

or send as an attached document to: floydhumane@gmail.com

or fax to: **540-763-2012, attn: Lynn**

Adoption Fee: \$100

revised 1/05/09