



PET ADOPTION APPLICATION

Thank you for choosing to adopt a shelter pet!

PLEASE PRINT CLEARLY

1. Name of Applicant: _____
2. Name(s) of any other adults living at the same address (first & last): _____

3. Are you 18 or older? YES / NO
4. Address: _____
City: _____ County: _____ State: _____ Zip: _____
5. Phones – Cell: _____ Home: _____ Work: _____
6. E-mail address: _____
7. Driver's License Number: _____
8. Do you live in: house apartment duplex condo townhouse in parents' home

For applicants who rent or who live in a condominium complex/homeowner's association:

What restrictions does your landlord/association have regarding pets, such as weight, type or quantity?

Name of apartment or condominium complex: _____

9. How many children live in your home? _____ Ages of children: _____
10. Do you expect any of the following to happen in the near future:
 NONE moving new baby acquisition of other pets marriage other: _____
11. Have you ever brought animals to an animal shelter? Yes No If yes, why? _____

12. Where will your new pet live/stay during the day? _____
Will your new pet go outside unattended? _____
13. Do you have any pets at this time? Yes No

CURRENTLY OWNED ANIMALS

What kind of pet is it?	Name	Age	Is it spayed/ neutered?	Does it live primarily inside, outside or both?	Is it current on its rabies vaccination?	Does your dog have a current county license?

PLEASE TURN OVER TO CONTINUE APPLICATION

14. Who is your current veterinarian? _____ Phone: _____

15. What prompted you to come to the shelter today? LCAS website Facebook
 Family/Friend Newspaper Radio Community Event Veterinarian
 Other (*please be specific*): _____

16. Name of LCAS adoption counselor who showed you the pet you wish to adopt: _____

Please read carefully and initial each of the following statements. Then, sign below.

_____ I certify that I have never been convicted of animal cruelty, neglect or abandonment, as required pursuant to Virginia Code Section 3.2-6545 and Section 612.16 of the Codified Ordinances of Loudoun County.

_____ I understand and agree that the Loudoun County Department of Animal Services makes no representations or guarantees about any animal's health, temperament, and/or behavior. All applicants further understand and agree that any information about an animal (i.e. "animal is good with children," "housebroken") is based upon information provided by the previous owner and is believed to be true. All applicants understand and agree that the Loudoun County Department of Animal Services and the County of Loudoun are not liable for any future injury or damage which may be caused by this animal.

_____ I understand and agree that I have a legal obligation to provide the animal I am adopting with whatever prompt veterinary intervention the animal needs to avoid pain and suffering, at my own expense, including any conditions known to the Department, such as: _____. I understand that the Loudoun County Department of Animal Services will not be responsible for any medical expenses once the animal leaves the shelter.

_____ I certify that all information provided herein is correct and accurate to the best of my knowledge and that should any information change I will immediately contact the shelter, and I understand that my application may be denied if any of the information provided herein is false.

_____ I understand that each adoption is subject to a nonrefundable hold deposit which is required at the time of application and that the deposit will be applied to the adoption fee, but will not be refunded should I choose not to proceed with the adoption.

Applicant's signature: _____ Date: _____

Staff Use Beyond this Point Only

Animal ID#: _____ Name: _____ Date Available: _____

Adoption Fee: \$150 (*kitten 6 months and under*) \$55 (*cat 7 months-9 years*) \$25 (*wise whiskers 9+ years*)
 \$175 (*puppy under 1 year*) \$150 (*young dog 1-9 years*) \$100 (*wise whiskers 9+ years*)
 \$25 (*Rabbits & Small Animals*) \$30 (*Reptiles*) \$ _____ (*other*)
 \$0 (*barn cat*) \$0 (*senior for senior*)

Hold Fee Paid: Yes No

Finalize Appointment Date & Time: _____

Adopter has been notified that he or she will need:

- Proof of current pets' vaccination/licensing status
- Home Visit
- Out-of-county agency check (specify County, State): _____
- Behavioral consultation (specify appointment date/time) _____

Application Review: Computer Checked Home Check

Ordered

Adoption APPROVED

Adoption Approved PENDING: _____

Adoption DENIED due to: _____

Reviewer's signature: _____ Date: _____