



790 Devils Bottom Road
Lancaster, VA. 22503



804-436-7396



NorthernNeckPartnersForPets.org



Adoption Application

PLEASE PRINT YOUR INFORMATION NEATLY

Date: _____

Adopter's Information:

Full Name: _____ Maiden Name: _____
(First, Middle, Last)

Date of Birth: _____ Day Phone: _____ Evening Phone: _____

Spouse/Partner Name: _____ Maiden Name: _____
(First, Middle, Last)

Date of Birth: _____ Day Phone: _____ Evening Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Alternative Address: _____

Cell Number: _____ Home or Alternative Number: _____

Email Address: _____

Do You: Own Your Home? ☐ Rent? ☐

If You Rent - Landlords Name: _____ Landlords Phone Number: _____

If You Rent Please Certify That The Landlord Allows Pets: Yes ☐ No ☐

Do You: Working ☐ Retired ☐ Attending School ☐ Homemaker ☐ Other _____

Employer's Name: _____ Employer's Phone: _____

Spouse/Partner's Employer: _____ Employer's Phone: _____

Please Provide Information About Your Home and Current Animals in the Home:

Number of adults: _____ Number of children: _____ Ages of children: _____

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 ☐

How Many Pets in Your Home?: _____

Please List Pets you have Owned or Been the Primary Caretaker for in the Last 2 years:

Name:	Type:	Age:	Licensed:	Altered:	Present Location:
_____	_____	_____	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"/>	_____

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 ☐

Do you have a yard? Yes ☐ No ☐

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

Veterinarian Information:

Full Name: _____

Clinic/Hospital Name: _____ Contact Number: _____

Address: _____

Please List Two Personal References:

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

Please Describe the Kind of Dog or Cat You Are Interested in Adopting:

Age: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Reason for preference?: _____	
Breed/Mix: _____	Size: _____	Color: _____	Temperament: _____
Why do you want a pet: <input type="checkbox"/> Companion <input type="checkbox"/> To Breed <input type="checkbox"/> Gift <input type="checkbox"/> Mouser <input type="checkbox"/> Guard Dog Other: <input type="checkbox"/> _____			
Will you declaw? (cat only): Yes <input type="checkbox"/> No <input type="checkbox"/> Have you cared for this breed/mix before?: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If adopting a dog - will you crop ears or dock tail? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Can you commit to caring for a pet for its whole life-time?: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Why do you like the breed/mix you are interested in?: _____			

By signing below, you agree that neither you nor anyone residing in your household has ever been convicted of animal cruelty, abandonment, or neglect.

You also acknowledge that Northern Neck Partners for Pets (NNPP) may conduct a landlord or homeownership verification if applicable, and that the person signing is at least eighteen (18) years of age.

Please note: It is NNPP policy not to approve adoption applications if your plan is to declaw a cat or to dock the tail or crop the ears of a dog.

I/we affirm that all information provided in this application is true and accurate.

_____	_____	_____
Name (printed)	Signature	Date