

ADOPTION APPLICATION

Tappahannock/Essex County Animal Shelter
540 Airport Road / P.O. Box 1079
Tappahannock, Virginia 22560
(804) 443-0726

Completion does not guarantee adoption of an Essex County Animal Shelter animal.

Name of Applicant: _____

Other Household Members (16+): _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Do you live in a House , Apartment , Condominium , Town House , Other

(PLEASE EXPLAIN OTHER) _____

Do you Own , or Rent ?

If you rent, do you have your landlord's permission to have a pet? Yes , No

Landlord's Name and Phone Number (for verification purposes):

Where will the dog/cat be when left alone?

Will the dog live? Indoors , Outdoors , Both , (Please explain):

If outdoors will the dog stay in a fenced yard , kennel , be tied up , run free ?

Why do you want a dog? (Check all that apply)

House pet

Companion for family

Companion for other pet

Companion for children

Protection for home/family

Protection for business

Outdoor Watchdog

As a gift

Other (specify): _____

Other pets (specify number of each):

If you have any dogs or cats? Yes , No

Are they spayed/neutered? Yes , No

What would happen to the animal if you move?

Do you have a regular veterinarian? Yes , No

Veterinarian Name _____

Veterinarian Number _____

By signing this application, I do also agree that Essex County Animal Shelter may call my veterinarian and may also come and do a home inspection. I also agree that the Essex County Animal Shelter may do a background check on members of my household. Essex County Animal Shelter reserves the right to refuse adoption to any potential adopter for any reason.

Signature: _____ Date: _____

APPROVED

DISAPPROVED

Approver's Name: _____

Signature: _____ Date: _____