|  |
| --- |
| **Animal Awareness & Assistance**P.O. Box 252, Sealston, Virginia 22547[www.AnimalAA.com](http://www.AnimalAA.com)**AnimalAwarenessAssistance@yahoo.com** |
| DOG adoption formWhen you acquire a pet: You accept the responsibility for the health and welfare of another living thing. You are responsible for your pet’simpact on your family, friends, and community. |
| Name(Last, First, M.I.): |  |  | Date: |  |
| Marital status: | 🞎 Single 🞎 Partnered 🞎 Married 🞎 Separated 🞎 Divorced 🞎 Widowed |
|  |
| Type of Home that you live in: | 🞎Own Home 🞎Rented Home 🞎Rented Apartment 🞎Own Condo 🞎Rented Condo 🞎Other, \_\_\_\_\_\_\_\_\_\_ |
| If renting, please provide landlord information: | Landlord Name: |  | Landlord Number: |  |
| Number of years at residence:  | 🞎Less than 1 yr🞎1 – 5 yrs🞎5+ years | Plans to move? | 🞎No🞎 Yes, when \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How many Adults live in your home? |  | **Children**? |  | Age(s): |
| **Does anyone living in your home have allergies?** 🞎 No 🞎 Yes |
| I am looking for a dog that is (check all that apply): | 🞎 Obedient | 🞎 Responsive | 🞎 Crate-Trained |
| 🞎 Likes to play with toys | 🞎 Cuddle/Lap Dog | 🞎 Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 Active | 🞎 Mellow/Easy going |  |
| 🞎 Quiet | 🞎 Affectionate |  |
| **What are you NOT looking for in a dog?** |  |
| **Where do you plan to keep your dog?** | 🞎 Indoor Only | 🞎 Indoor Designated Area(s) | 🞎 Indoor/Outdoor | 🞎 Outdoor Only |
| 🞎 Barn | 🞎 Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How often do you plan on taking your adopted dog to the vet? | 🞎 Yearly Exam/Vaccines | 🞎 When sick/injured | 🞎 Never | 🞎 Only if absolutely have to |
| Where will your adopted dog go when you are away from home for vacation or work? |  |
| Please list any pets that you currently have: |
| **Age** | **Breed** | **Name** | **Spayed/Neutered** |
|  |  |  | 🞎 No 🞎 Yes |
|  |  |  | 🞎 No 🞎 Yes |
|  |  |  | 🞎 No 🞎 Yes |
|  |  |  | 🞎 No 🞎 Yes |
|  |  |  | 🞎 No 🞎 Yes |
| Please list any pets that you have had in the last five years and why you don’t have them any longer: |
| **Age** | **Breed** | **Name** | **Reason** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Please provide the name, number and address of your current or past veterinarian that has cared for your animals:**May we contact your vet?**🞎 No 🞎 Yes |
| **Veterinarian Name:** |  | **Phone:** |  |
| **Address:** |  |
| **Name(s) on the account:** |  |
|  |  |
| Please provide the name and number of at least three references that we can call (friends, family, neighbors, pet sitters, etc.): |
| **Name:** |  | **Phone:** |  |
| **Name:** |  | **Phone:** |  |
| **Name:** |  | **Phone:** |  |
|  |
|  |

\_\_\_\_\_\_I certifythat I am at least 18 years of age and the information I have provided on this application is true. I also recognize that any misrepresentation or omissions may result in the loss of privilege to adopt from A-cubed.

\_\_\_\_\_\_I understand that A-cubed has the right to deny any application for any reason, and even if I am applying for a certain dog, I understand that dogs are adopted to the best home and not first-come, first-serve. My application may still be approved, but may be better suited for another dog.

\_\_\_\_\_\_I understand that A-cubed is not able to guarantee the health or temperament of any dogs, as many dogs come in with unknown histories. These are traits that could change upon adoptions, and I take responsibility to care for and address these issues if they do arrive.

\_\_\_\_\_\_I also understand that anything could happen in life, and if I find that I am no longer able to care for my adopted dog, I agree to contact A-cubed by phone and/or email to discuss return/or need for help of adopted animal. A-cubed will be here to address any concerns and/or issues you may be having with your newly adopted family member.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Signature:** |  | **Date:** |  |

|  |
| --- |
| **Animal Awareness & Assistance Only** |
| **Approved to adopt:** | 🞎 No 🞎 Yes  | **Date Approved:** |  |
| **A-cubed representative:** |  |
| **Name of dog(s) being adopted:** |  |
| **Vaccination record(s) provided:** | 🞎 No 🞎 Yes  |
| **Adoption fee:** |  |
| **Payment method:** | 🞎 Cash 🞎 Check 🞎 Credit Card 🞎 Paypal  |
| **A-cubed Signature:** |  | **Date of adoption:** |  |
| **A-cubed Officer Signature:** |  |