

Animal Name \_\_\_\_\_

Assigned Number \_\_\_\_\_



**Adoption Application**

Date: \_\_\_\_\_

**There is a mandatory 24-hour waiting period for all adoptions.**

Adoption Fee: \$ \_\_\_\_\_, **Non-Refundable**

**Personal Information:** (Please Print Clearly)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Your Position: \_\_\_\_\_

How did you hear of the IRHS? (please be specific) \_\_\_\_\_

**About Your Home:**

Which best describes your home? (please circle one) Apartment House Other: \_\_\_\_\_

Do you have a yard? Yes / No If yes, do you have a fence and how high is it? \_\_\_\_\_

Do you: OWN / RENT? (If you rent you must provide a copy of your lease that states you are allowed to have a pet.)

Do you have screens on your windows? Yes / No

**Household Members:**

Please circle age groups of those living in your household:

- **Newborn:** Up to 3 months old
- **Infant:** 3–12 months old
- **Toddler:** 1–5 years old
- **Child:** 4–12 years old
- **Teenager:** 13–19 years old

If you share your dwelling, are all members of the household in agreement concerning the adoption of this animal? Yes / No

Are you or anyone in your household allergic to animals? Yes / No If yes, please explain: \_\_\_\_\_

Please list all animals names living in your household and their breeds and ages:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Are All Animals Neutered or Spayed? \_\_\_\_\_ If you have a cat, is it declawed? \_\_\_\_\_

The Name of Your Vet: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Your Adopted Companion Animal:**

Are you willing to take your companion animal to a training class? Yes / No Why? \_\_\_\_\_

Are you familiar with the procedures for housebreaking? Yes / No

Have you considered the daily expenses incurred in maintaining an animal (medical, food, grooming, and boarding?) Yes / No

How many hours a day would the animal be left alone? \_\_\_\_\_

Have you ever had a companion animal before? Yes / No

If yes, what type, how long did you have, and where are they now? \_\_\_\_\_

**References:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

**Office Use Only:**

Proof of ID Shown (including #): \_\_\_\_\_

Result of Reference/Vet Checks: \_\_\_\_\_

**Adoption Contract:**

I, am adopting the following animal, \_\_\_\_\_, from the Indian Rivers Humane Society (IRHS) and agree to the following conditions:

1. If for any reason, at anytime during the animal's life, I am unable or unwilling to care for it, I agree to contact IRHS first for alternative options.
2. I agree to allow an IRHS representative to visit my home before I adopt the animal.
3. I agree to provide humane care to the animal with proper food, shelter and water at all times, as well as yearly vet checkups, vaccinations and additional medical care if the need arises.
4. I agree to license my animal as required by law.
5. I agree that I will never de-bark my dog or declaw my cat.
6. I will notify the IRHS immediately if my animal ever gets lost or stolen and will make every effort to recover the animal.
7. I understand I am responsible for the sterilization of the dog or cat by a licensed veterinarian as required by the Code of Virginia 3.2-6575 (i) within 30 days of the adoption, if the animal is sexually mature; or (ii) within 30 days after the animal reaches six months of age, if the animal is not sexually mature at the time of adoption, and no later than \_\_\_\_\_. Failure to do so may subject me to a civil penalty and I may be compelled to comply with this requirement.
8. I also understand that the Code of Virginia 3.2-6576 requires me to provide confirmation to IRHS within seven days of sterilization by the veterinarian who performed the sterilization. The confirmation shall briefly describe the dog or cat; include the new owner's name and address and specify the date of the sterilization procedure.
9. I agree to never allow this animal to be used for the purposes of vivisection, experimentation, animal fighting, or the purposes of entertainment, or any other purpose except as a house pet and companion.
10. I understand that the IRHS cannot guarantee the health, temperament or training of the above-described animal and hereby agree to release the IRHS from all liability once the animal is in my possession.

**I understand the above conditions and agree to abide by them. I understand and agree that if I break this contract in any way or if an IRHS representative decides that I am no longer qualified to keep the animal, then the animal may be taken away from me by IRHS and I may be held accountable for any violation of this agreement.**

**I restate my understanding of my obligation by initialing here to first contact an IRHS representative for alternative options at which anytime during the animal's life if I am unwilling or unable to care for the animal. (Please initial: \_\_\_\_\_).**

**I understand that accidental animal bites or other injuries to humans and other animals do occur, and agrees to hold harmless and indemnify, and protect IRHS, from any claim or suit filed by anyone as a result of such an incident. In addition, the IRHS will not be responsible if animal should damage or destroy property belonging to me or others, or shall transfer any disease or internal or external parasites to other animals belonging to me or other animals. (Please initial: \_\_\_\_\_).**

**I agree due to the fact that lawsuits are costly and disadvantageous to both parties, the undersigned parties agree to submit to non-binding mediation to resolve any controversy between the parties, including but not limited to, claims for bodily injury, professional negligence, personal injury, breach of an express or implied contract, loss of consortium, wrongful death, or any payment disputes. The mediation must be completed before the parties may submit to binding arbitration. (Please initial: \_\_\_\_\_).**

**I agree to binding arbitration.** Parties will submit to binding arbitration by serving the opposing party with a request for arbitration within sixty (60) days following the failure of non-binding mediation to resolve any controversy between the parties, including but not limited to, issues of jurisdiction and arbitrability, claims for professional negligence, personal injury, breach of an express or implied contract, loss of consortium, wrongful death, or any payment disputes. (Please initial: \_\_\_\_\_).

Agreed and Accepted: \_\_\_\_\_  
(Print Name)

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Name of Animal: \_\_\_\_\_ Dog / Puppy / Cat / Kitten

Breed: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_

IRHS Number: \_\_\_\_\_ Microchip Number: \_\_\_\_\_

Adoption Fee Paid: Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge \_\_\_\_\_

IRHS staff member completing application: \_\_\_\_\_ Date \_\_\_\_\_

Veterinarian Review: \_\_\_\_\_ Landlord Review \_\_\_\_\_

Vet Name: \_\_\_\_\_ Vet Number: \_\_\_\_\_

**CURRENT HEALTH RECORD**

Bordetella: \_\_\_\_\_ Heartworm Testing: \_\_\_Pos \_\_\_Neg

Deworming: \_\_\_\_\_ Treatment: \_\_\_\_\_

Distemper Combo: \_\_\_\_\_ Heartworm Preventative: \_\_\_\_\_ given \_\_\_\_\_ of each month

Rabies: \_\_\_\_\_ Flea/Tick Preventative: \_\_\_\_\_ given \_\_\_\_\_ of each month

Rabies No#: \_\_\_\_\_ Other Treatments/Procedures: \_\_\_\_\_

Other Medical Data: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_