

THE HUMANE SOCIETY OF FAIRFAX COUNTY, INC.
DOG ADOPTION APPLICATION

Date Application filed _____

Volunteer initials _____

Welcome to the Humane Society of Fairfax County, Inc. We're glad you've decided to take this step. We'd like to help you find the right pet and understand its needs, so please fill out this application in detail. A Board member or volunteer will discuss it with you when you've finished. While we carefully monitor all of our animals, we have limited knowledge of their backgrounds prior to their arrival to us. Therefore, we cannot guarantee the health, behavior, temperament, age or breed of any animal adopted from the Humane Society of Fairfax County, Inc.

Name _____ Home# _____ Work# _____

Address: _____

Apt# _____ City _____ State _____

Are you under 18 years of age? (Please Circle One) Yes or No

We perform home visits for every animal that is adopted. Please give explicit directions to your home. _____

Have you ever applied for or adopted an animal from HSFC? Yes or No If yes, when?
_____ What was the outcome? _____

List all the animals you owned or lived with in the past five years: _____

Type of animal _____ Name of animal _____
Age of animal _____ Sex of animal _____ Spayed or Neutered Yes /No
Time owned by you _____ Where is the animal housed _____ Do you still own
the animal? _____ If not what happened to the animal. _____

Type of animal _____ Name of animal _____
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the animal? _____ If not what happened to the animal _____

What veterinarian sees and vaccinates your pets? _____

Why do you want to adopt a dog? _____

Do you own or rent your home? _____

Do you live in House Apartment Duplex Condo Townhouse With parents

Does the place where you live have any restrictions on pets, such as weight, type or number of pets? If so, what are they _____

Name of Apartment or Condo Complex _____

Landlord or Manager's Name (if known) _____ Phone # _____

How many adults live in your home? _____ Children? _____ Ages of Children _____

Is there anyone home during the day? _____ At night _____

Do you think dogs should live outside? yes or no Why? _____

Will this dog be going outdoors for more than recreation? yes no

Why? _____

Who will be responsible for the dog's Feeding? _____ Exercise _____ Grooming _____ Training? _____ Expenses? _____

How were you referred to The Humane Society of Fairfax County? _____

This dog may require a spay/neuter surgery, rabies vaccine or other medical expenses following adoption. Are you prepared to take on these expenses? _____

Because it is very stressful for a dog to go from home to home, we hope to place each one in a caring home for the rest of its life, which could be up to 20 years. Are you prepared to make this commitment? _____

What will happen to the dog if you have to move? _____

In an effort to ensure the dog's lifelong well-being, we screen our adopters very carefully and sign a legal contract with them. If at some point, you can no longer care for the dog we require that you return him/her to us. This way, the dog may be re-adopted to other qualified applicants and once again be protected by a legal contract. How do you feel about this? _____

This dog may take several weeks or months to fully adjust to you, your home and your animals. How will you ease the adjustment? _____

How will you exercise this dog? _____

What kinds of dog behavior do you find unacceptable? _____

How would you handle these behaviors? _____

How would you correct or discipline this dog? _____

Do you believe in spaying or neutering ()yes ()no Why? _____

Do your present pets have a current license and have they been vaccinated this year ()yes ()no

If approved, when would you be able to take this dog home? _____

Which of these subjects would you like to learn more about? (circle)

House training	Feeding	Household dangers
Heartworm prevention	Introducing new pets to pets at home	Behavioral problems
Dog obedience	Grooming/fleas	Other

What type of dog are you looking for? (circle)

Adult dog	Companion dog to other pet
Puppy	Affectionate lap dog
2 compatible dogs/puppies	Children's pet
Short hair	Particular breed

Do you have a fenced yard? (circle) Yes / no or partial. If yes, what type and height? _____

I understand that you will be contacting my veterinarian for the vaccination and health history of the pets I currently own or have owned in the past. I release, through my signature on the application, my veterinarian to provide that information to you. I am aware that prior to placement of a pet from the HSFC, my currently owned pets, for their protection, must be up to date on needed vaccinations.

I certify that all the information in this application is true, and I understand that false information may void this application.

Signature _____ Date _____

To be filled in by Adoption Official only

Information on requested dog(s)

Names(s) _____ Age _____ Sex _____ Spayed/Neutered
_____ Age _____ Sex _____ Spayed/Neutered

Description (s) _____

Medical History _____

Other information _____

Medical work pending _____

Applicant's pets' Health check: Current Medical Records _____

Veterinarian Comments _____

Date Health Check completed _____

Applicant driver license number _____

Apartment approval _____

Home check information:

Approved _____ Disapproved _____ Why _____

Date _____ Comments _____

Signature of home check volunteer _____

Email Completed Application to PETS@HSFC.Org

Fax to 703-935-8225

SnailMail: 4057 Chain Bridge Road, Fairfax VA 22030