



FLUVANNA SPCA QUESTIONNAIRE FOR PROSPECTIVE ADOPTER

5239 Union Mills Road, Troy, VA 22974 ♦ 434-591-0123

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Are you over 18 years old? _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone numbers: (Home) _____ (Work) _____ (Cell) _____

Email address: _____

Secondary Contact Name: _____

Secondary Contact Phone: _____

Are you interested in a particular dog or cat? _____ If yes, their name: _____

What is your primary reason for adoption? (Please check reason, if "other", please explain)

____ Companion for self

____ Companion for other pet

____ Watchdog

____ Gift

____ Protection

____ Exercise buddy

____ Other: _____

Please list any animals you currently own. Use back of form or an attached page as needed.

NAME	SPECIES/BREED	AGE	GENDER	SPAYED/ NEUTERED? (Y/N)	CURRENT VETTING? (Vaccinated, Heartworm medicine, etc.)

What is the name, address, and telephone number of your veterinarian or veterinary clinic/hospital?

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DOGS: What traits are desired in your new pet? _____

CATS: What traits are desired in your new pet? _____

How long have you been actively looking for a new pet? _____

What have you done to prepare for a new pet? _____

Do you live in?

A house _____ A townhouse or condo _____ An apartment _____

- Is it fenced? _____

Do you own or rent? _____

If you rent, does your lease allow pets? _____

- Is there a weight limitation or a breed restriction? _____

- What is your landlord's name and telephone number? _____

Are there restrictive covenants, subdivision rules, city or county ordinance(s) as regarding pet ownership in your location?

If you plan to move, what will you do with a pet? _____

Have you ever taken an animal to a shelter? _____

If yes, please explain: _____

Are you aware that pet ownership may be a 15+ year commitment? _____

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Are you able to afford, and are you willing to spend \$500-1000 annually (on average, expenses may vary) to maintain a pet with basic care [food, veterinary examinations, vaccines, flea, tick and heartworm prevention, identification, licensing are some but not necessarily all the expense you will incur]? _____

Are you able to afford emergency veterinary care, in addition to basic care, the cost of which may range from \$100 to several thousand dollars? If you cannot readily afford emergency care, how do you plan on securing funding or financing for your pet's emergency care? _____

Please describe your household resident(s)- how many and ages: _____

If your household includes a child or children, how will they be supervised with a pet?

Is anyone in your household allergic to animals? _____

If yes, are they allergic to cats or dogs? Are they on a form of treatment? _____

Which of the following best describes your household? (if "other," please explain).

____ Carefree & fun-loving ____ Quiet & laid-back ____ Orderly & scheduled ____ Busy/lots of activity

Other: _____

Where will the pet be kept most of the time? ____ Inside ____ Outside

Where will the pet sleep? _____

How will the pet be exercised? _____

How many hours per day will the pet be alone? _____

Are you willing to take the pet to a trainer if needed? _____

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Who will have primary responsibility for daily care? _____

What method of discipline do you intend to use if the pet misbehaves? _____

For what reason(s) would you give up this pet? _____

Do you have objections to our checking your property to determine suitability for this pet? _____

Do you have objections to our performing periodic follow up checks? _____

How did you hear about this pet? _____

I certify the information provided above to be true.

Signature: _____ Date: _____

VIRGINIA LAW STATES THAT YOU MUST PROVIDE ADEQUATE SHELTER, DAILY FOOD AND WATER FOR A DOMESTIC ANIMAL.

Adequate shelter means protection from cold, rain, wind, heat and sun. Your dog must be under complete control at all times. At four (4) months of age, your dog must be vaccinated against rabies and must be licensed. At four (4) months of age, your cat must be vaccinated against rabies.

I have read and understand the foregoing.

Signature: _____ Date: _____