

**Deepwood Veterinary Clinic, Inc.**  
**7300 Ordway Road, Centreville VA 20121**  
**Ph. 703-631-9133 Fax 703-631-9798**

**ADOPTION APPLICATION**

*Deepwood Veterinary Clinic (DVC) does not guarantee that all prospective adoption applications will be approved. We reserve the right to choose the adoptive families we feel are best suited to our pets' needs at the time of application. We evaluate all applications on a case by case basis. People who are not approved may wish to reapply for a different pet or at a later time when their circumstances change. In addition, DVC reserves the right to redirect applicants to a pet that better fits your lifestyle in order to enable a successful adoption. Failure to have an application approved simply means that we do not feel that we have the right pet for the applicant at the present time; it is not a remark upon the applicant's character. If concerns arise at any time during the application process, we reserve the right to re-evaluate an application.*

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

*The following are questions to help us identify the right individual or family for the right pet.*

**1. Personal Information**

Name of potential adopter(s): \_\_\_\_\_  
Driver's license number: \_\_\_\_\_ Email: \_\_\_\_\_  
Home address (where the pet will reside): \_\_\_\_\_  
\_\_\_\_\_  
Home phone number: \_\_\_\_\_ Mobile phone number: \_\_\_\_\_  
Your employer: \_\_\_\_\_ Business phone: \_\_\_\_\_  
Spouse/Partner's employer: \_\_\_\_\_ Business phone: \_\_\_\_\_

**2. Reasons for Adoption**

Why are you interested in adopting a pet? \_\_\_\_\_  
\_\_\_\_\_  
Why are you interested in this particular animal? \_\_\_\_\_  
\_\_\_\_\_  
How long has it taken you to decide to adopt? \_\_\_\_\_  
There will be a non-refundable adoption fee of \$\_\_\_\_\_ to help cover housing and feeding, physical exams, vaccinations, any needed medical treatment, and surgery. Is this acceptable to you? \_\_\_ Yes \_\_\_ No

**3. Home**

Do you \_\_\_ own or \_\_\_ rent where you live?  
Type of dwelling (check one): \_\_\_ single-family home \_\_\_ townhouse \_\_\_ apartment/condo  
\_\_\_ other (specify): \_\_\_\_\_  
If you rent, do you have your landlord's approval to keep this pet? \_\_\_ Y \_\_\_ N  
Landlord's name & number: \_\_\_\_\_  
*Please be advised that we **will** ask to see a copy of your lease.* Do you have a fenced-in yard? \_\_\_ Yes \_\_\_ No  
If yes, how high is the fence? \_\_\_\_\_ What type of fence is it? \_\_\_\_\_

**4. Family Members**

Do you have children? \_\_\_ Yes \_\_\_ No      If yes, what are their ages? \_\_\_\_\_

Are there other adults in the home not listed on the previous page? \_\_\_ Yes \_\_\_ No      If yes, how many? \_\_\_\_\_

**5. Other Pets**

Please list all pets you have owned in the last 10 years. Let us know if they are still with you; if not, please explain.

Have you ever given away, sold, or surrendered a pet? \_\_\_ Yes \_\_\_ No

If yes, please explain the circumstances: \_\_\_\_\_

**Pet #1**    Type of pet: \_\_\_\_\_    Spayed/Neutered? \_\_\_ Y \_\_\_ N    Is pet still with you? \_\_\_ Y \_\_\_ N  
If yes, age of pet: \_\_\_\_\_    If no, please explain why not: \_\_\_\_\_

**Pet #2**    Type of pet: \_\_\_\_\_    Spayed/Neutered? \_\_\_ Y \_\_\_ N    Is pet still with you? \_\_\_ Y \_\_\_ N  
If yes, age of pet: \_\_\_\_\_    If no, please explain why not: \_\_\_\_\_

**Pet #3**    Type of pet: \_\_\_\_\_    Spayed/Neutered? \_\_\_ Y \_\_\_ N    Is pet still with you? \_\_\_ Y \_\_\_ N  
If yes, age of pet: \_\_\_\_\_    If no, please explain why not: \_\_\_\_\_

**Pet #4**    Type of pet: \_\_\_\_\_    Spayed/Neutered? \_\_\_ Y \_\_\_ N    Is pet still with you? \_\_\_ Y \_\_\_ N  
If yes, age of pet: \_\_\_\_\_    If no, please explain why not: \_\_\_\_\_

**Pet #5**    Type of pet: \_\_\_\_\_    Spayed/Neutered? \_\_\_ Y \_\_\_ N    Is pet still with you? \_\_\_ Y \_\_\_ N  
If yes, age of pet: \_\_\_\_\_    If no, please explain why not: \_\_\_\_\_

**Pet #6**    Type of pet: \_\_\_\_\_    Spayed/Neutered? \_\_\_ Y \_\_\_ N    Is pet still with you? \_\_\_ Y \_\_\_ N  
If yes, age of pet: \_\_\_\_\_    If no, please explain why not: \_\_\_\_\_

What name/type of heartworm preventative is/are your current pet(s) using? \_\_\_\_\_

Do you presently have a veterinarian or have you used one in the last 12 mos? \_\_\_ Y \_\_\_ N (we check references)

If yes, please provide their name, address and phone number: \_\_\_\_\_

*Applicant hereby gives consent for \_\_\_\_\_ (name of vet) to release any information requested by DVC regarding prior animals owned by the applicant and veterinary care provided by the applicant.*

**6. Lifestyle**

How many hours are you away from home during an average workday? \_\_\_\_

Do you or can you come home for lunch? \_\_ Y \_\_ N

Are you required to travel for work? \_\_ Y \_\_ N

If yes, who will provide care for your pet while you are away? \_\_\_\_\_

All DVC pets placed are to be **indoor** pets. None are to live outdoors on a regular basis, and these pets are NOT to be left outdoors in the owners' absence. Is this acceptable to you? \_\_ Y \_\_ N

Exercise is very important for a healthy and happy pet. What would you do to ensure that this pet receives proper exercise? \_\_\_\_\_

Where will the pet be kept during the day? \_\_\_\_\_

Where will the pet be kept at night and where will they sleep? \_\_\_\_\_

Where will the pet be kept when no one is at home? \_\_\_\_\_

Have you ever been convicted of animal cruelty, neglect or abandonment? \_\_ Y \_\_ N

What circumstances, in your opinion, would justify "getting rid of" a pet? \_\_\_\_\_

What type of training do you plan to use for your adopted pet? \_\_\_\_\_

What form of discipline do you plan to use for your adopted pet? \_\_\_\_\_

**7. Health**

Does anyone in the home have allergies or asthma? \_\_ Y \_\_ N

If yes, please provide details: \_\_\_\_\_

Does anyone in the home have a disability or special needs we should know about? \_\_ Y \_\_ N

If yes, please explain: \_\_\_\_\_

**8. Finances**

*The following questions are asked to ensure that the prospective adopter fully realizes the cost and maintenance of having a pet in their home. Many prospective adopters are surprised at the costs of food, medical expenses (both routine and for illness/injury), and grooming that are necessary to keep a pet in good health. Please answer these questions honestly and to the best of your ability.*

With regard to the pet you would like to adopt, estimate the amount you think it will cost yearly for:

A high-quality food: \$ \_\_\_\_\_

Grooming: \$ \_\_\_\_\_

Routine veterinary care (exams, vaccinations, heartworm & flea/tick prevention, fecal testing): \$ \_\_\_\_\_

If the pet sustains a serious injury or develops a significant or chronic medical condition, are you prepared to handle the costs associated with management of their condition? \_\_ Y \_\_ N \_\_ Unsure

**9. Other**

Would you consider adopting a special needs pets, such as one that requires daily medication for a health condition, or an animal who is hearing-impaired? \_\_\_\_\_

Would you consider adopting more than one pet? \_\_\_\_\_

Why do you feel that a rescue pet is right for you / your family? \_\_\_\_\_

Why do you feel that your home is right for a rescue pet? \_\_\_\_\_

**Important Information**

*These pets are in a rescue group because for one reason or another, previous owners no longer wanted or were able to take care of them. The main purpose of DVC is to find responsible and reliable homes for all pets placed in our care. These animals are thinking and feeling creatures, but rely on us as humans to provide the care they need. Adopting a pet is a very important decision that affects not only you and your family, but the animal you decide to adopt. Millions of pets are euthanized every year because people have not been responsible regarding their care and maintenance. Owning a pet can be very costly with regards to finances, but also with regard to the time and attention needed to properly train and care for the pet. All pets in our program have been examined by a veterinarian. Core vaccinations have been given, and many have been spayed/neutered. All are deemed to be in good health at the time of adoption; if a pet has a pre-existing condition or extenuating medical circumstances, these will be disclosed and will be noted on the adoption contract at signing. **It is the responsibility of the new owner to provide additional vaccinations as necessary, as well as appropriate preventative care such as teeth cleaning, and heartworm and flea/tick preventatives.***

The adoption fee is used to provide medical care, housing, food and shelter, and adoption advertising for DVC pets. This fee is NON-REFUNDABLE and must be paid upon signing of the contract.

**If, for any reason, you can no longer provide care to a pet you have adopted from DVC, it MUST be returned to this organization.**

The average pet has a lifespan on 12 to 15 years. Are you willing to make a commitment to this pet for the rest of its life? Are you willing to provide the necessary love and attention as well as the necessary veterinary care and feeding required to maintain a happy pet? \_\_\_ Yes \_\_\_ No

Please sign below to confirm that you have read and understood the above information, and to confirm that all information you have provided on this application for m is accurate. If you have any questions regarding the care and maintenance of a pet, please let us know. We will be more than happy to help with any questions you may have.

It is extremely important that once a pet is placed in a new home, it remains there, and that all parties involved are satisfied. DVC is looking for COMMITTED INDIVIDUALS AND FAMILIES ONLY. If you have any questions or concerns about adopting a pet it is imperative that you finalize them before adopting.

\_\_\_\_\_  
Signature / Printed Name of Prospective Adopter \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature / Printed Name of Prospective Adopter \_\_\_\_\_  
Date

\_\_\_\_\_  
Application reviewed by: Denise Nagel, Hospital Director \_\_\_\_\_  
Date