

Deepwood Veterinary Clinic, Inc.
7300 Ordway Road, Centreville VA 20121
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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