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

Date Application in		volunteer initials		
We'd like to help yo detail. A Board me monitor all of our of Therefore, we cann	mane Society of Fairfax County, I ou find the right pet and understand the right pet and understand the rowleds and the cuss it was an imals, we have limited knowleds to the guarantee the health, behaviors of Fairfax County, Inc.	nd its needs, so please fill out th with you when you've finished. ge of their backgrounds prior to	his application in While we carefully o their arrival to us.	
Name	Home#	Work#		
Address:				
	City			
Are you under 18 y	vears of age? (Please Circle One)	Yes or No		
	visits for every animal that is adop		tions to your	
Have you ever app	lied for or adopted an animal from What was the outo	HSFC? Yes or No If yes, w		
	you owned or lived with in the pa	-		
Type of animal	Name of an Sex of animal	nimal		
Age of animal	Sex of animal	Spayed or Neute	red Yes /No	
Time owned by yo	uWhere is the ani	imal housed	Do you still own	
the animal?	If not what happe	ened to the animal		
Type of animal		Name of animal		
Age of animal		Spayed or Neutered Yes		
Time owned by you		nal housed	Do you still own	
uic aiiiiiai!	If not what happened	i w me animai		

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
so, what are theyName 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?
Who will be responsible for the dog's Feeding?ExerciseGrooming 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?

	weeks or months to fully adjust to you, yout?	
How will you exercise this	dog?	
What kinds of dog behavior	r do you find unacceptable?	
How would you handle the	se behaviors?	
How would you correct or	discipline this dog?	
Do you believe in spaying of	or neutering ()yes ()no Why?	
Do your present pets have a	a current license and have they been vacci	nated this year ()yes ()no
If approved, when would ye	ou be able to take this dog home?	
House training	Feeding Introducing new pets to pets at home Grooming/fleas	Household dangers Behavioral problems Other
What type of dog are you lo Adult dog Puppy 2 compatible dogs/puppies Short hair	Companion dog to other per Affectionate lap dog	t
Do you have a fenced yard	? (circle) Yes / no or partial. If yes, what	type and height?
pets I currently own or have veterinarian to provide that	be contacting my veterinarian for the vaccing owned in the past. I release, through my information to you. I am aware that prior pets, for their protection, must be up to determine the protection of the protection.	y signature on the application, my r to placement of a pet from the
I certify that all the information void this application.	ation in this application is true, and I unde	rstand that false information may
Signature	D	ate

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				
Oth on information				
Other information				
Medical work pending				
Applicant's pets' Health check: C	Surrent Medical Re	ecords		
Veterinarian Comments				
Date Health Check completed				
A muli a mt duiven li a ma a mumb an				
Applicant driver license number_ Apartment approval				
riparament approvai				
Home check information:				
ApprovedDisappr	ovedW	hy		
Date	Comi	ments		
Signature of home check voluntee	er			

Email Completed Application to PETS@HSFC.Org Fax to 703-935-8225 SnailMail: 4057 Chain Bridge Road, Fairfax VA 22030