



GLOUCESTER COUNTY ANIMAL CONTROL

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Gloucester, VA 23061
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ADOPTION APPLICATION

Filling out an Adoption Application does not guarantee you an adoption. It does help us determine if the dog you inquire about is suitable for your home and to suggest others that may be a better match for you and your living arrangements.

1. We reserve the right to approve or deny any application and the right not to disclose the reason.
2. We reserve the right to visit the home where the dogs will be residing prior to adoption.
3. All family members and any pets living in the prospective home must meet the dog prior to adoption.
4. We do not allow any of our dogs to be chained, tied up, or locked in a garage. We do not allow our dogs to be crated for more than an appropriate amount of time while your away from your home. IE- Normal working hours.
5. Our dogs are “family” dogs. We do not allow our dogs to be “outside only”.
6. All animals adopted from this facility must be sterilized pursuant VA code section 3.2-6574 within 30 days of adoption if not already.

Date of application: _____ Animal you are interested in: _____

Your full legal name: _____

Co-Applicant _____

Age / DOB: _____ / _____

Driver’s License number or ID number _____ / _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (Home) _____ (Cell) _____

Email Address: _____ / _____

HOME LIFE INFORMATION:

Please list anyone else living in the home (Full Names & DOB)

Other Pets IN and OUTSIDE of the home (Breed/age/sex/spayed/neutered etc.):

NAME/ SPECIES	SPAYED/NEUTERED	AGE	OTHER INFO

Please provide us with accurate details about your home and yard, and any homeowners association or other pertinent information. (Include fence height if applicable)

Do you own your home? YES/NO

If you RENT, may we contact your landlord? YES/NO

Any breed or weight restrictions in your lease? If YES explain: _____

Name of landlord and contact information:

NAME	PHONE	EMAIL

How long do you expect the dog to be unsupervised at home?

What will happen to your pet if you must move?

VETRINARIAN INFORMATION:

Facility name	
Address	
Phone Number	

**Are your current pets up to date on vaccines and preventatives? YES/NO

OTHER INFORMATION:

Have you ever been reported to animal control, or has an animal been removed from your care?

If yes, please

explain: _____

Have you ever been convicted of Animal Cruelty? NO/ YES

If yes, please explain. Include State/County/ Year of conviction

Have you ever surrendered a pet to an animal shelter or rescue?

If yes, please explain:

Any additional information you would like to include:

How did you hear about us?

Are *all* family members on board for bringing in a new animal into the house? YES/NO

Remarks:

Signature of applicant: _____ Date: _____

Process officer: _____ Date: _____

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