APPLICATION FOR CAT & OTHER ANIMAL ADOPTIONS

Loudoun County Department of Animal Care & Control

The purpose of our adoption program is to find responsible life-long homes for the animals in our care. In order to help ensure that the proposed adoption is in the best interest of both the animal and you, please complete the following application.

Thank you for your cooperation and for choosing to adopt a pet!

_____**PLEASE PRINT CLEARLY!**_____

Name of Primary Applicant: _____

Name(s) of any other adults living at the same address (first & last):_____

_____

Are you 21 or older? YES / NO If no, are you at least 18 years old? YES /NO

Address:_____

City:_____ County:_____ State:_____ Zip:_____

Phones: Home:_____ Work:_____ Cell:_____

E-mail address:_____ Driver's License Number:_____

Adopter's place of employment: _____

Name of LCACC adoption counselor who showed you the pet you wish to adopt:_____

Do you live in: ☐ house ☐ apartment ☐ duplex ☐ condo ☐ townhouse ☐ in parents' home

Do you own the home you currently live in? YES NO

If you rent or your residence has animal restrictions, please read the box below:

For applicants who rent or who live in a condominium complex/homeowner's association:
What restrictions does your landlord/association have regarding pet, such as weight, type or quantity?

_____

Name of apartment or condominium complex: _____
Landlord/Property Manager Name: _____ Telephone #:_____
If a pet deposit is required, we will need to see proof that it has been paid. We will also need written permission from your landlord/association for you to have this pet prior to finalizing the adoption.

How many adults live in your home (all names must be listed above)? _____

How many children live in your home? _____ Ages of children: _____
Do you frequently have children visit your home?_____

Do you expect any of the following to happen in the near future: ☐ NONE ☐ moving ☐ new baby
☐ acquisition of other pets ☐ job change/transfer ☐ marriage/divorce ☐ other_____

Please fill this section out if you are adopting a cat/kitten:

1. This cat will live primarily ___ indoors ____ outdoors ____ both
(please note: if the cat has been declawed it should never be allowed outdoors)

2. Are you aware that it could take this cat several weeks (at minimum) to become adjusted to you, your home, and your other pets? ☐ Yes ☐ No

3. Do you understand that cats need daily attention and care such as fresh food and water, access to a clean litter box, etc? ☐ Yes ☐ No

4. Do you understand that in most jurisdictions, cats must be vaccinated against rabies? ☐ Yes ☐ No

5. Why do you want to adopt this particular cat? _____

6. What behavior(s) would you find undesirable? ☐ scratching ☐ house soiling ☐ other (please describe) _____

7. What would you do if your adopted cat started exhibiting such behavior? _____

8. Do you understand and agree that if for some reason you could no longer keep this cat, you must return it to the Loudoun County Department of Animal Care & Control? ☐ Yes ☐ No

Please fill this section out if you are adopting a small companion animal (rodent, bird, reptile, exotic animal, etc.):

1. Have you ever owned this type of pet before? ☐ Yes ☐ No

2. Where do you plan on keeping this pet? ☐ Inside ☐ Outside

3. Please describe in detail what type of cage/area you will confine this animal in (room, size of cage, etc.):
_____

4. Do you understand that we may not have an accurate estimate of the age of the pet you are adopting, and that life spans of small companion animals can vary widely (for example, some rodents live only a few years while some birds can live over 50 years)? ☐ Yes ☐ No

5. Are you aware that it could take several weeks (at least) for the pet to become adjusted to you, your home, and your other animals? ☐ Yes ☐ No

6. Why do you want to adopt this particular pet? _____

7. What kinds of behavior would you find undesirable from this pet? _____

8. What would you do if the pet you adopted began demonstrating such behavior? _____

9. Do you understand and agree that this animal is to be kept as a companion animal only? ☐ Yes ☐ No

10. Do you understand and agree that if for some reason you could no longer keep this pet you must return it to the Loudoun County Department of Animal Care & Control? ☐ Yes ☐ No

Have you ever applied for, or adopted an animal from this shelter? ☐ Yes ☐ No

Have you ever brought animals to a shelter? ☐ Yes ☐ No If yes, why? _____

_____

Do you or anyone living in your household have allergies to pets? ☐ Yes ☐ No

If yes, to what types of pets are you/they allergic? _____

Do you have any pets at this time? ☐ Yes ☐ No If so, please list their information below (please ask for additional paper to list other animals, if necessary):

What kind of animal is it?	Name	Age	Is it spayed/ neutered?	Does it live primarily inside, outside or both?	Is it current on its rabies vaccination? (proof required)	Does it have a current license?

Have you had any other pets within the past 3 years? ☐ Yes ☐ No

If so, what were they and what happened to them (please be specific)?

_____

_____

Who is your current veterinarian? _____ Phone:_____

What prompted you to come to the shelter today? ☐ Television Show ☐ Family/Friend ☐ Internet ☐ Newspaper ☐ Radio ☐ Community Event ☐ Veterinarian
☐ Other (please be specific):_____

Please read and initial each of the following statements carefully and sign below:

_____ I certify that I have never been convicted of animal cruelty, neglect or abandonment, as required pursuant to Virginia Code Section 3.1-796.96 and Section 612.16 of the Codified Ordinances of Loudoun County.

_____ I understand and agree that the Loudoun County Department of Animal Care & Control makes no representations or guarantees about any animal's health, temperament, and/or behavior. All applicants further understand and agree that any information about an animal (i.e. "animal is good with children," "housebroken") is based upon information provided by the previous owner and is believed to be true. All applicants understand and agree that the Loudoun County Department of Animal Care & Control and the County of Loudoun are not liable for any future injury or damage which may be caused by this animal.

_____ I understand and agree that I have a legal obligation to provide the animal I am adopting with whatever prompt veterinary intervention the animal needs to avoid pain and suffering, at my own expense, including any conditions known to the Department, such as:_____

_____ I understand that the Loudoun County Department of Animal Care & Control will not be responsible for any medical expenses once the animal leaves the shelter, nor will the Department of Animal Care & Control be responsible for any additional spay/neuter fees beyond the actual surgery itself. I further understand that it is my responsibility to contact the veterinarian performing the surgery and determine what, if any, extra fees will apply.

_____ I certify that all information provided herein is correct and accurate to the best of my knowledge and that should any information change I will immediately contact the shelter, and I understand that my application may be denied if any of the information provided herein is false.

Applicant's signature: _____ Date: _____

Co-owner signature: _____ Date: _____

Adoption Reservation Receipt

Please note: all adoptions are subject to a 24–72 hour adoption-processing period. No animal may leave the shelter the same day it is adopted, and dogs & cats must be spayed/neutered prior to going to their new home.

Animal ID#: _____ Breed: _____ Color: _____

Age: _____ Sex: _____ Name:_____ Date Available:_____

This is a: First Hold _____ Second Hold _____ Other _____

Adoption Fee _____ Hold Fee* _____

Hold Fee Paid by: Cash _____ Check No. _____ Credit Card _____

***NOTE: Each adoption is subject to a nonrefundable hold deposit, required at the time of application. The deposit will be applied to your adoption fee, but will not be refunded should you choose not to proceed with the adoption.**

In order for your application to be processed and approved, we will need the following:

- ☐ Landlord's/Property Manager's written permission
- ☐ Home check
- ☐ Proof of current pets' vaccination/licensing status
- ☐ Signature/approval of co-applicant
- ☐ Out-of-county agency check (specify County, State):_____
- ☐ Behavioral consultation (specify appointment date/time) _____
- ☐ Meet & greet (specify appointment date/time) _____
- ☐ Other: _____

Please return on _____ at_____ AM / PM to finalize your adoption.

If the adopted animal is already spayed/neutered: You may take the animal home after you have finalized the adoption. Please bring an appropriate carrier.

If the adopted animals is NOT already spayed/neutered: The animal is scheduled to be spayed/neutered on: _____(date) at _____(vet). Please contact the veterinarian scheduled to perform the surgery to discuss any additional testing or other procedures they may require or recommend (LCACC will not be responsible for any such costs). Also, please plan on picking the animal up from the veterinarian's office and bring an appropriate carrier.

Questions? Please call us at (703)777-0406.

FOR OFFICE USE ONLY

☐ Computer Checked ☐ Home Check Ordered

☐ **Adoption APPROVED**

☐ **Adoption Approved PENDING**: ☐ LLD approval ☐ Co-applicant signature

☐ Current animals: proof of vaccinations/license(s) ☐ County agency check

☐ Other: _____

☐ **Adoption DENIED** due to:_____

Reviewer's signature:_____ Date:_____