



**Suffolk Humane Society**  
**412 Kings Fork Road, Suffolk, VA 23434**

ADOPTION APPLICATION – DOG

757-538-3030

[www.SuffolkHumaneSociety.com](http://www.SuffolkHumaneSociety.com)  
[dogadoptions@suffolkhumanesociety.com](mailto:dogadoptions@suffolkhumanesociety.com)



**Please understand that the Suffolk Humane Society is completely staffed by volunteers. Once the application is received you will receive notification within 72 hours to schedule a home visit if approved. Suffolk Humane society reserves the right to decide the placement of our animals. The adoption fee is \$250 for puppies and \$200 for adults plus a \$5 processing fee if you choose to use a debit or credit card which includes spay/neuter/flea treatment and all age appropriate vaccinations. Additionally, dogs are tested for heartworms and are on heartworm preventative. We do not keep application on file. Each adoption requires a new application.**

Date \_\_\_\_\_ Specific Animal's Name \_\_\_\_\_

Applicant Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mark all that apply:

I want a pet for:            FAMILY                            MYSELF

Work Status:                HAVE A JOB                HOMEMAKER                STUDENT                OTHER

How long would dog be alone at a time: \_\_\_\_\_

Do all members of the household know about and want a new animal?            YES    NO

Who will be the primary caregiver for the dog? \_\_\_\_\_

How many adults live in your household? \_\_\_\_\_ How many children? \_\_\_\_\_ How old are the children? \_\_\_\_\_

Please tell us about the children's experience with pets: \_\_\_\_\_

Is anyone in your household allergic to dogs or cats?            YES    NO

If yes, please tell us who is allergic to which animals: \_\_\_\_\_

Do you live in a: HOUSE    APARTMENT    TOWNHOUSE    MOBILE HOME    OTHER

Do you: OWN    RENT

How long have you lived at your present address? \_\_\_\_\_

If you rent, do you have your landlord/management company's permission to have pets?            YES    NO

How many pets are allowed? \_\_\_\_\_ Any weight, size or breed restrictions?            YES    NO

**IF YOU RENT, WE WILL NEED TO CONTACT YOUR LANDLORD OR MANAGEMENT COMPANY**

Please provide their name and telephone number \_\_\_\_\_

Do you have other pets at home?    YES    NO

Breed \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Spayed/Neutered: YES NO

Breed \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Spayed/Neutered: YES NO

Please use back of page for additional animals.

If no, have you ever had a pet before?      YES      NO      If yes, what happened to them? \_\_\_\_\_

Are all pets up to date on vaccinations and spayed/neutered?      YES      NO

Have you ever had to give up a pet?      YES      NO      If yes, why? \_\_\_\_\_

Please list Veterinarians with phone numbers for living or deceased pets in the last 10 years. If you do not have a veterinarian already, whose services will you use for your new dog? *Out of town application will not be processed without phone numbers!*

Do you have a fenced yard?      YES      NO      Please confirm all animals stay inside as a part of the family \_\_\_\_\_

Under what circumstances would you give up your pet?

DAMAGING FURNITURE      NEW BABY      CHEWING      DIGGING      OTHER  
DIVORCE      MOVING      HOUSEBREAKING PROBLEMS      LIFE CHANGE      NONE

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**I am willing and able to make the necessary financial commitment to care for a pet by providing veterinary care, including routine vaccinations and proper nutrition, for the life of the pet.      YES      NO**

**I understand that a pet can live 15 years or longer. After giving very careful thought and consideration to all the responsibilities of pet ownership and my future lifestyle commitments, I would be able to care for a pet for its entire lifespan.      YES      NO**

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**I certify that the above information is correct, and I understand that the Suffolk Humane Society has the right to verify this information.**

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Landlord Check: _____ Date: _____
Comments: _____
Veterinarian Check: _____ Date: _____
Comments: _____