

# Gochland County Animal Services & Adoption Center

## Adoption Application

Date: \_\_\_\_\_

**Thank you for your interest in adopting a pet from Gochland County Animal Services & Adoption Center!**  
**This application must be filled out in its entirety. Please print clearly.**

Name of the pet you're interested in adopting: \_\_\_\_\_

Why are you interested in adopting this pet? \_\_\_\_\_

\_\_\_\_\_

### Applicant/Co-Applicant Information:

Name of Applicant: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ DL#: \_\_\_\_\_

Name of Co-Applicant: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ DL#: \_\_\_\_\_

Address: \_\_\_\_\_

Apartment/Unit #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

### Family/Household Information:

Number of adults in the household: \_\_\_\_\_ Have all adults met with this animal? \_\_\_\_\_

Do all adults in this household agree to this adoption? \_\_\_\_\_

Number of children in the household: \_\_\_\_\_ Ages of children in the household: \_\_\_\_\_

Is anyone in the household afraid of animals? \_\_\_\_\_

Do you rent your home, own your home, or live with family? \_\_\_\_\_

Landlord's Name & Phone Number (if applicable): \_\_\_\_\_

Does your residence have any breed or pet restrictions? \_\_\_\_\_

### Pet History:

Have you ever been convicted of any animal cruelty, animal abandonment, or animal neglect charge? \_\_\_\_\_

If yes, what were the circumstances?

\_\_\_\_\_

Have you ever owned a pet before? \_\_\_\_\_ If you currently own a pet, is your pet spayed/neutered? \_\_\_\_\_

How many pets do you currently have? \_\_\_\_\_ How many: dogs \_\_\_\_\_ cats \_\_\_\_\_ other \_\_\_\_\_

Have you ever adopted from a rescue group or shelter in the past? \_\_\_\_\_

Have you ever given a pet away, rehomed a pet, or relinquished a pet? \_\_\_\_\_

If yes, what were the circumstances? \_\_\_\_\_

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**Veterinary Information (Must be provided if you currently have a pet or had a pet in the past 10 years):**

Veterinary Hospital's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

If you have a current pet, is your pet up to date on vaccinations? \_\_\_\_\_

If you own a dog, do you keep your dog on monthly heartworm prevention? \_\_\_\_\_

If you own a dog and/or cat, do you keep your dog and/or cat on monthly flea/tick prevention? \_\_\_\_\_

Please list the name(s) of your current and/or past pet(s): \_\_\_\_\_

**New Pet Information:**

Are you committed to providing a responsible home for this pet's entire life? (This could be up to 15 years or more):

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If you're interested in adopting a dog, how do you plan to secure the dog outdoors? \_\_\_\_\_

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If you're interested in adopting a dog, will you be able to deal with problems that the dog may develop, such as **digging, barking, chewing, separation anxiety, or aggression**? \_\_\_\_\_

If you're interested in adopting a cat, will you be able to deal with problems that the cat may develop, such as **inappropriate scratching, chewing, or other destructive behavior**? \_\_\_\_\_

Under what circumstances would you give away, rehome, or relinquish your pet? (Circle all that apply):

Not enough time for the pet

Pet is too noisy

Birth of a new baby

Pet wanders/escapes from property

Pet has become too old

Allergies to the pet

Pet is aggressive with other animals

Pet is destructive

Pet is too active

Pet is difficult to housetrain

Moving

Other: \_\_\_\_\_

Please explain all answers you circled: \_\_\_\_\_

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## **Terms of Agreement:**

By signing below, I certify that the information I have provided on my application is true. I understand that Goochland County Animal Services reserves the right to deny my application for **any reason**. I further authorize the investigation of all statements made on my application through a criminal background check and/or veterinary reference check. I agree to allow Goochland County Animal Services to visit my home prior to adoption if deemed appropriate. Besides the medical services covered in the adoption fee through the specified veterinary hospital/facility, I understand that Goochland County Animal Services is **not responsible** for any charges incurred for veterinary care once I take ownership of the pet. I give Goochland County Animal Services permission to use images of my adopted pet and I for any purpose in connection with my pet adoption, and I consent to my name and image being displayed publicly on various social media platforms. I understand that I may revoke this consent at any time by notifying Goochland County Animal Services in writing.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please note: Any false information provided will result in immediate denial of your application.**