

**NORTHUMBERLAND COUNTY ANIMAL SHELTER ADOPTION APPLICATION**

Full Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Email: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

911 Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone# \_\_\_\_\_ Cell phone# \_\_\_\_\_ Work# \_\_\_\_\_

Name of the animal you wish to adopt: \_\_\_\_\_

Animal will be (circle all that apply) Outside Inside Pet Other (explain) \_\_\_\_\_

What type of shelter will the animal have? \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_ How long have you lived at this residence? \_\_\_\_\_

Some of our dogs are required to have a fenced in yard. Our dogs are to be family members and cannot live outside all the time or on a chain.

Do you rent or own your home? \_\_\_\_\_ How many people live in your home? \_\_\_\_\_

If you rent you must provide written consent (with the landlords signature & phone number) from your landlord indicating you can have pets and if there are restrictions on breeds.

Ages of all children in the home: \_\_\_\_\_ Number of pets living in home: \_\_\_\_\_

Current Pet/Previous Pet's Name & Breed: \_\_\_\_\_

Previous/Current Vet who gave this animal vaccines: Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone \_\_\_\_\_ Name the account is under: \_\_\_\_\_

Have you ever been suspected or convicted of an animal related crime?(Example: Cruelty, neglect, abandonment, dog fighting, etc.) YES NO Signature: \_\_\_\_\_

Have you ever surrendered an animal to a pound, shelter, rescue or humane society: YES NO

Will you comply by having this animal spayed/neutered by the date specified? YES NO

**Do you agree to keep this animal inside only and on a leash while outside until the animals is spayed or neutered? YES NO**

I will ensure that my name and phone number is engraved on my pets collar or on a tag attached to the collar.

I will notify the shelter & sheriff's office within 24 hours should my pet become lost or missing.

I will exercise my dog regularly. I will not chain my dog at any time. If I must put my dog outside I will provide an appropriate enclosed pen with a weather appropriate shelter. I will not leave my dog/cat outside for an extended period of time. I will not leave my animal without company for an extended period of time.

I understand if in our opinion I violate any part of this contract my animal will be taken from me and I will not be allowed to adopt from NCAS again. NCAS will contact the surrounding animal shelters and notify them.

How did you hear about / see this animal? \_\_\_\_\_

**Please read carefully** then initial each line following each statement. By initialing you agree to comply with all terms & conditions of adopting your new pet from NCAS as required by VA state law.

- a. Animals are different than humans in their response to human actions and that actions of animals can be unpredictable. \_\_\_\_\_
- b. The Northumberland Co. Public Animal Shelter (hereafter referred to as NCAS), sheriff’s office and animal control makes no claims or representations as to the behavior or temperament of each animal adopted. \_\_\_\_\_
- c. The animal I am adopting from NCAS may not have been examined by a licensed veterinarian and its health & history may be unknown other than what is stated on the NCAS health record. \_\_\_\_\_
- d. The animal I am adopting must be examined by a veterinarian, must receive routine rabies & yearly vaccinations and owner must purchase the appropriate county tags. \_\_\_\_\_
- e. I must provide adequate food, water, shelter, exercise, personal and veterinarian care for the animal in accordance with section 3.2-6500 code of VA. \_\_\_\_\_
- f. If for any reason I can no longer permanently care for this animal I agree to return it to NCAS with the paperwork I was given at the time of adoption. I understand I cannot transfer custody of this animal to another person without notifying NCAS prior. \_\_\_\_\_
- g. I agree to and understand the ACO may make a surprise welfare visit to make sure this animal is being taken care of properly and getting appropriate medical care. \_\_\_\_\_

**STERILIZATION (SPAY / NEUTER) AGREEMENT**

1. I agree to have this animal reproductively sterilized by the date of \_\_\_\_\_.

**Adopters are required to have the adopted animal sterilized within thirty (30) days after the date of adoption or by the time this animal is six months of age as required by section 3.2-6575 Code of Virginia.**

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

2. I will provide a copy of the completed sterilization certificate to NCAS within seven (7) days of spay/neuter of adopted animal. All adopters are required to provide proof of spay/neuter as required by section 3.2-6576 Code of Virginia.

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

3. I will notify NCAS within 24 (twenty-four) hours should the adopted animal becomes lost, stolen or dies prior to sterilization.

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

I hereby accept possession and title of this animal once I have physical custody and release and waive any right and liability against all employees, volunteers and representatives of NCAS and Sheriff’s office now and in the future.

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

**PRINT** full name of adopter: \_\_\_\_\_ Phone#: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

I understand by signing this agreement I am entering into a legal and binding contract with NCAS. Breach of any terms of this agreement is deemed actionable by NCAS. In the event there is a violation of this contract or failure to comply with the terms of this contract I will pay \$500.00 in damages to NCAS.

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

**Animal Shelter Use Only**

Animal’s name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: M NM F SF Apx: age: \_\_\_\_\_ Apx weight: \_\_\_\_\_ Color: \_\_\_\_\_

\_\_\_\_ Approved \_\_\_\_\_ Denied If denied the reason: \_\_\_\_\_

Adoption office signature: \_\_\_\_\_ Date: \_\_\_\_\_ +

**CRIMINAL HISTORY RECORD NAME SEARCH REQUEST**

Purpose of this request: Adoption

**MUST ATTACH COPY OF DRIVERSLICENSE**

**NAME INFORMATION TO BE SEARCHED:**

Last Name

First Name

Middle Name

Maiden Name

Race

Sex

Date of Birth (MM/DD/YYYY)

Social Security Number

**AFFIDAVIT FOR RELEASE OF INFORMATION:**

I hereby give consent and authorize the Virginia State Police/Northumberland County Sheriff's Office to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

\_\_\_\_\_  
Actual Signature

State of Virginia, County of Northumberland

Name and mailing address of agency, individual or authorized agent making request:

Northumberland County Animal Shelter  
P.O. Box 305  
Heathsville, VA 2473

Office of the Sheriff  
Northumberland County  
P.O. Box 310  
Heathsville, VA 22473

I find no reason why this person should not adopt.

I do not approve this person to adopt.