



Dog's Name: _____

Rockbridge SPCA

10 Animal Place, Lexington, VA 24450

Dog Adoption Application

This application must be fully completed before it can be processed.

Name: _____ Date of Birth: _____

Address (No PO Box): _____ CITY/STATE: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____

Marital Status: _____ Spouse's Name & Number: _____

Any children in household? _____ Please list ages: _____

Emergency Contact (Name & Phone Number): _____

Do you own or rent? _____ Please circle one: Home / Townhouse / Apartment / Mobile Home / Dorm

Landlord Name & Phone Number: _____

If mobile home, do you own or lease lot? _____ Property Owner Name & Number: _____

Fenced yard? _____ Type & Height: _____ Totally enclosed? _____

Do you have any roommates or live with parents? _____ Please provide name(s), phone number(s), and relation to you:

Are you currently a student? _____ School and year to graduate: _____

For whom are you adopting this pet? _____ Do all adults agree with adoption? _____

Any allergies to pets in household? _____ Mild or severe? _____

Have you ever adopted from us before? _____ When/Where is pet now? _____

Have you ever adopted from another shelter/rescue? _____ When/Where is pet now? _____

Have you ever taken an animal to a shelter? _____ Why? _____

Why do you want to adopt this dog? _____

Who will take care of this dog? _____

Are you prepared to take care of this dog for its entire life? _____

How will you exercise your dog? _____


Do you plan to use a chain or tie out? _____ Type: _____ For how long? _____

Will the dog be kept inside or strictly outside? _____ If outside, is area heated in winter? _____

How long will dog be left alone each day? _____ Where will it be kept during this time? _____

Do you plan to crate train or leave this dog loose in the house? _____ Do you have a doggie door? _____

Will you be training this dog yourself or professionally? _____

Please see reverse side 

Method of training: _____

Are you willing to groom this dog yourself or professionally? _____

Are you willing to keep your dog up to date on vaccines and regular vet care? _____

Who will take care of this dog if you become ill or unable to? _____

If you move, will you take your dog with you? _____

Under what circumstances would you give up your dog? _____

Please provide the names and phone numbers of one personal reference and one professional reference:

Personal: _____ Business/Work: _____

Are you retired? _____ Employer Name & Phone Number: _____

Do you have any pets now? _____ Please list all pets that live with you:

Name: _____ Breed: _____ Age: _____ Sex: _____ Spayed/Neutered? _____

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(List any additional pets on the back of application)

Please list the names of all the pets that you have owned in the past three years that you no longer have, and the reason they are no longer with you:

If you already have other pets, how will you introduce your dog and handle any difficulties?

Authorization for Release of Information:

I hereby give permission for the release of any information requested by the Rockbridge SPCA regarding my past and present care of any pets.

Veterinarian: _____ Phone Number: _____

Name(s) of person(s) on the account: _____

Signature: _____ Date: _____

Applications may take up to 72 hours to process. Applicants may call during business hours to inquire about the status of their application (Tuesday – Sunday 12:00). Any applications turned in Friday or during the weekend will be processed on Monday. Once notified, the applicant has 24 hours to proceed with adoption, unless special circumstances are applied. The Rockbridge SPCA does not hold animals after this adoption, unless special circumstances are arranged. A valid driver’s license or ID must be presented at time of adoption. All animals are required to be spayed and neutered per Virginia State Law. Any animal not spayed/neutered are taken directly to a local (Rockbridge County) veterinarian of adopter’s choice after adoption is completed. A pediatric spay/neuter (3 lbs and under 6 mo.) is only performed by two veterinarians: Edgewater Animal Hospital in Buena Vista and Lexington Animal Hospital. Once surgery is done, the adopter will pick up their pet directly from the veterinarian and pay for services performed. There are no exceptions. All dogs and cats 4 months and older are required to have a current rabies vaccination or an adoption cannot be made until it is done. Area veterinarians have surgery consent paperwork that must be filled out prior to surgery, and the adopter is responsible to get that done before the surgery date.

I verify that all information provided in this application is accurate and complete to the best of my knowledge. I understand that a current rabies vaccination and dog license is required for my new pet. I acknowledge that my application may not be the first application on this dog. I acknowledge in some instances a fenced area may be required.

Signature: _____ Date: _____ Staff Initials: _____