



A no-kill, all species, peaceful sanctuary
PO Box 1357, Orange VA 22960 • 540-854-0870 • www.rikkisrefuge.org

ADOPTION APPLICATION

We retain the right to refuse adoption to anyone for any reason. Applications will be rejected if the information provided in them is found to be false.

Signature of applicant: _____ Date: _____

Adoption Location: _____ **Name of pet(s) you wish to adopt:** _____

- What type of pet do you desire? (check all that apply) male female either kitten puppy
 cat dog rabbit pot-bellied pig companion for yourself or family member
 companion for other pet(s) special needs dog special needs cat special needs rabbit

Please describe any specific characteristics you are looking for in a pet:

Applicant Name: _____ Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

How long have you been at your present address? _____

Are you planning to move in the next six months? Yes No

Would your pet(s) go with you if you moved? Yes No Not Certain

Are you on active military duty or other job subject to relocation? Yes No

What would happen to your pet(s) if you were relocated? _____

Do you Rent Own Apartment House Mobile Home Other _____

If you rent, please list landlord's name and phone number _____

Do you belong to a tenant's association or a homeowner's association? Yes No Not sure

If the answer above is "yes", are there any restrictions on the type of animal that can live in your development?

Yes (explain) _____ No Not sure

How many adults are in your household? _____ Children? _____ Ages: _____

Who would be your pet(s) primary caretaker? Adult Teenager Child

If your family changed (marriage, divorce, new baby), would you keep your pet(s) Yes No Not Certain

If an allergy developed, are you willing to take steps to keep your pet(s) Yes No Not Certain

What pets do you currently have in your household? (List below -- use back of paper for more than three current pets).

Pet's Name	Kind	Age	Neutered	Kept Where	Time Owned
1. _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
2. _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
3. _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____

Pets owned in the last five years, that are not currently in your household:

Pet's Name	Kind	Age	Neutered	Kept Where	Time Owned	If pet died, how?
1. _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____
2. _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____
3. _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____

Your new pet may take two months to adjust to his/her new home. Are you willing to allow this much time for the adjustment? Yes No If not, why? _____

How will you help your current pet(s) adjust to your new pet(s)? _____

Name and phone number of personal reference _____

Name/address/phone number of your veterinary hospital _____

If this is your first pet, what veterinarian are you planning on using? _____

What emergency veterinary hospital do/would you use? _____

Are you willing to provide annual vaccinations and any medical care necessary? Yes No Depends on cost

Where will you keep your pet(s) during the day? _____ At night? _____

Where will your pet(s) sleep? _____ Eat? _____

Where will you keep the litter box? _____ How long will your pet spend alone each day? _____

Will you let your pet(s) outside? Yes No **If yes,** Attended Unattended

How will you keep your pet from roaming? _____

Will you declaw your cat/kitten? Yes No Not Certain

Would you surgically "de-bark" a dog with a barking problem? Yes No Not Certain

How would you handle a dog that starts to bark a lot? _____

How would you handle a dog that developed separation anxiety? _____

If your cat begins scratching in places you prefer him not to touch, how will you handle the problem? _____

If your cat is not using his litter box, what would you do? _____

If your pet scratched up, chewed, or urinated on your rugs or furniture what would you do? _____

How will you care for your pet when you travel, go on vacation, or in case of emergency requiring your extended absence? _____

If your pet(s) get lost, in addition to contacting Rikki's Refuge, what steps would you take to find him/her? _____

This form is not only to provide proper education on the commitment of owning a new pet, but to ensure that you understand the full responsibility involved with your new pet.

Staff Use Only Applicant Interviewed by: _____ Information verified by: _____

Home check conducted by: _____ Date: _____

Comments (attach another sheet if necessary):