

**Clarke County Animal Shelter**

225 Ramsburg Ln, Berryville, VA 22611

540-955-5104

Email: [animalshelter@clarkecounty.gov](mailto:animalshelter@clarkecounty.gov)

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

**Pre-Adoption Application**

**Note: You must be 18 years of age or older to adopt any animal and must provide identification at time of adoption  
Please complete this form in full for appropriate consideration. Incomplete applications will not be considered.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Type of housing:

- Single family    Duplex    Mobile home    Apartment    Townhouse    Farm

Do you rent or own?

- Rent    Own

**If you rent, please provide a copy of your lease agreement detailing pet policy, and a letter from your landlord stating pet allowance.**

If you ever move, have you considered that another place may not allow pets? What would you do if this happens?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a fenced in yard?

- Yes    No

If yes, what type of fencing do you have? \_\_\_\_\_

Will your pet live inside or outside?

- Inside    Outside

How many hours a day will your pet be home alone? \_\_\_\_\_

How long will your pet spend outside? Will your pet be outside unsupervised? \_\_\_\_\_

Where will your pet stay while you're not home? \_\_\_\_\_

Please list the name(s) and age(s) of everyone in the household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

### Pet Information

Do you have experience owning pets?

Yes     No

If yes, what species?

Have you ever adopted from Clarke Co. Animal Shelter before?     Yes     No

List all pets you currently have:

| Cat/Dog/Other<br>(Please specify) | Age | Up to date on<br>Rabies vaccine? | Spayed/Neutered<br>If not, why? |
|-----------------------------------|-----|----------------------------------|---------------------------------|
|                                   |     |                                  |                                 |
|                                   |     |                                  |                                 |
|                                   |     |                                  |                                 |
|                                   |     |                                  |                                 |
|                                   |     |                                  |                                 |

Current veterinarian name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**What would you do if your new pet(s) do not get along with your current pet(s)?**

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**Have you ever turned a pet over to a shelter?**     Yes     No

If yes, where and why?

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**For what reason(s) would you consider surrendering a pet to a shelter?**

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Has a pet passed away in your care within the last three months?

Yes

No

If yes, how/why? \_\_\_\_\_

Please list at least two personal references: name and phone number:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

### Adoption Information

Name of animal(s) you are interested in (if applicable): \_\_\_\_\_

What are you looking for in a pet (age, sex, personality, gets along with other dogs/cats/kids, etc)? This will help us find your best match!

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Are you open to a pet with special needs?  Yes

No

Are you willing to allow your new pet time to adjust in his/her new home?  Yes  No  I'm unsure

***Please keep in mind your new pet may not adjust right away. Every animal is different, and while the "general rule" is 1-2 weeks, no animal is the same and this process can take weeks or months. If you are unsure how to help your new pet adjust, we are always happy to help!***

If behavioral issues arise, what actions will you take?

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Have you considered the cost of a pet, and are you willing to provide routine and medical veterinary care in case of injury or illness?  Yes  No

(Cats only) Have you ever declawed (removal of claws via surgical amputation of distal bones)?

Yes

No

(Cats only) Would you ever declaw (removal of claws via surgical amputation of distal bones)?

Yes

No

Would you be willing to allow an authorized representative of Clarke County Animal Shelter to perform a home check?

Yes

No

*By signing the line below, I certify that the information given above is true and correct, and authorize Clarke County Animal shelter to contact my veterinarian for information regarding my pets. Clarke County Animal Shelter has the right to deny any application without any reason given, and Clarke County Animal Shelter has the right to remove any adopted pet if they find the home to be inadequate.*

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

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**Staff Only**

**Approved**

**Declined**

Why? \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_