



Adoption Application

11401 International Drive
Richmond, VA 23236
Phone: 804.379-0046 Fax: 804.378-7507
Email: www.ral.org

Date: _____ Name of Animal(s) _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

<i>RAL internal use only</i>
Adoption Counselor: _____
Date/Time: _____
Name of Animal: _____
RAL Kennel #: _____
Micro-Chip (last 3) _____

Please be aware that some counties and cities may have restrictions that may affect your ability to adopt the animal of your choice.

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

Drivers License #: _____

Email Address: _____

Age Group 18-20 ___ 21-55 ___ 55+ ___ (*Internal use only*)

HOUSING

Own ___ Rent ___ Live with Parents ___

Rental Complex _____

How Long? _____

or Landlord/Parent's Name _____

Single Family Home ___ Townhome ___

Phone: _____

Condominium ___ Apartment ___

Please be aware that some rental units and condominiums have restrictions or requirements such as limits on size, weight, and number of pets, security deposits, and additional monthly rent. These restrictions/requirements may affect your ability to adopt the animal of your choice.

EMPLOYMENT

Are you currently employed? _____ What are your current hours? _____

Where? _____ If not currently employed explain: _____

Does your employment require travel? ___ If yes, how much? _____

PERSONAL INFORMATION

of adults in household ___ # of children in your household ___ # of unrelated residents ___

Ages of children _____

Does everyone in the household know you plan to adopt a pet? _____

Who will have primary responsibility of the pet? _____

PET HISTORY

Veterinarian Clinic: _____ Contact Number: _____

How long have you used this vet? _____

What person's name are the animals listed under at the vet? _____

Please list your current pets

Species/Breed	Pet's Name	Age	Sex	Sterilized? Yes/No	Dates Owned	Obtained From?	Still Own? Yes/No	If no, why?

Please list any other pets that you have been responsible for during the past five years that are no longer in your custody

Species/Breed	Pet's Name	Sex	Sterilized? Yes/No	Dates Owned	Obtained From?	Where is he/she now?

Where are your pets kept when you are at home? _____

Where are your pets kept when you are away from home? _____

Are your pets kept on flea/tick prevention? ____ Dogs on heartworm prevention? ____

REFERENCES

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

PLEASE READ BEFORE SIGNING

Please understand that filling out this application does not guarantee approval for adoption. Failure to provide contact information may void this application. I certify that the information on this application is true and recognize that any misrepresentation of the facts may lead to the loss of my adoption privileges with RAL. I authorize RAL to verify all information on this application and will allow an in home inspection any time before and after the adoption. Please take into consideration a companion animal can live 15-20 years. You must be prepared to make this commitment.

By signing below, you are indicating that ***you have never been convicted of animal cruelty, neglect, or abandonment*** pursuant to the Code of Virginia § 3.2-6546 D

Name: _____

Signature: _____

Date: _____

Cat Adoption Survey

(check all that apply)

I want a cat for:

- Companion for me**
- Companion for young kids (0-12 yrs)**
- Companion for young cat (0-5 yrs)**
- Companion for older cat (5+ yrs)**
- Mousing, hunting**

I want a cat that is:

- Very playful**
- A lap cat**
- Independent**
- Very loving**
- A hunter**
- Good with dogs**
- Good with other cats**
- Good with kids/people**
- Declawed**
- A special needs cat**

Once in the home, are you willing to give the cat an adjustment period?

Yes___ No ___

If yes, how long? 2 weeks___; 3 weeks___; as long as it takes___

Are you willing or able to separate your new cat from existing pets, if necessary, during the adjustment period?

Yes___ No___

Name and Date (please print)