



Thank you for choosing adoption!
Please complete the following questions to help us assist you in choosing a pet and to guide our conversations.

Adopter Name:

This pet is a gift for
I am answering the following questions from the perspective of the recipient.

We welcome adopters who rent or live in apartments or condominiums. Please be aware that some landlords and management companies have size, weight and/or breed restrictions and may also have limits on the number of pets allowed. Some landlords and management companies will also require pet deposits and/or additional fees.

Tell us about the members of your household.
For example: number of adults, children (ages), seniors, special needs

Tell us more about your home (House, apartment, townhome, condominium, fenced yard etc.)

Tell us about other pets living in your home.

Tell us about past pets you have owned.

Help us find your ideal match! What you are looking for in a new pet?
For example: size, energy level, age, personality

What kind of activities do you plan to do with your pet? How much time do you envision spending with your pet?

Where do you plan to keep your pet when you are at home?

Where do you plan to keep your pet when you are away from your home?

We will review the pet's medical history with you before finalizing an adoption.

Please check additional topics you would like to discuss:

Basic Training

Crate-Training

Finding a Trainer

House/Litter Box Training

Pet Introductions

Leash Training

Finding a Veterinarian

Heartworm Prevention

Flea/Tick Prevention

Veterinary Insurance

Puppy/Kitten Proofing

Microchips

Declawing Cats

Socialization

Are there any other questions/topics you would like to discuss?

RAL STAFF ONLY:

Adoption Counselor Name:

Date:

Personal Information

Complete this section when you have found a pet you wish to adopt or are hoping to adopt in the future. Any questionnaire filled out without a specific pet listed will be left on file for up to 90 days.

Cat:	<input type="checkbox"/>
Dog:	<input type="checkbox"/>
Date:	_____
Animal ID:	_____
Microchip:	_____

Name of Animal:

Adopter Name(s):

Address:

City, State Zip

Landlord/Homeowner Information, including phone number (if applicable):

Primary Phone:

Alternative Phone:

I am most available to receive phone calls:

In the morning

In the afternoon

In the evening

*Email Address:

*email address required to receive 30 days of pet insurance from 24 Pet Watch. By providing your email, you are consenting to your information being shared with the pet insurance company.

Current Veterinarian:

Phone:

What do you feel is a proper adjustment period for you and your pet?

What circumstances or issues would give rise to your considering returning or rehoming this pet?

Please provide references (at least two)

Name:

Phone #:

Name:

Phone #:

Name:

Phone #:

PLEASE READ BEFORE SIGNING

Please understand that completing the RAL questionnaire 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: