



GLOUCESTER COUNTY ANIMAL CONTROL

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Gloucester, VA 23061
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ADOPTION APPLICATION

Filling out an Adoption Application does not guarantee you an adoption. It does help us determine if the dog you inquire about is suitable for your home and to suggest others that may be a better match for you and your living arrangements.

1. We reserve the right to approve or deny any application and the right not to disclose the reason.
2. We reserve the right to visit the home where the dogs will be residing prior to adoption.
3. All family members and any pets living in the prospective home must meet the dog prior to adoption.
4. We do not allow any of our dogs to be chained, tied up, or locked in a garage. We do not allow our dogs to be crated for more than 4-6 hours except at bedtime.
5. Our dogs are “family” dogs. We do not allow our dogs to be “outside only”.
6. All animals adopted from this facility must be sterilized pursuant VA code section 3.2-6574 within 30 days of adoption if not already.

Date of application: _____ Animal you're interested in: _____

Your full legal name: _____

Age / DOB: _____

Driver's License number or ID number _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (Home) _____ (Cell) _____

Email Address: _____

Please list anyone else living in the home(Full Names): _____

Number of Adults and ages:

Number of Children and ages:

Other Pets IN and OUTSIDE of the home (Breed/age/sex/spayed/neutered etc.) :

Have you ever been reported to animal control, or has an animal been removed from your care?
If yes, please explain:

Have you ever been convicted of Animal Cruelty?
If yes, please explain. Include State/County/ Year of conviction
:

Who is your veterinarian?

Name: _____

Address: _____ State: _____

Phone: _____

What will happen to your pet if you must move?

Have you ever surrendered a pet to an animal shelter or rescue?
If yes, please explain

Please provide us with accurate details about your home and yard, and any homeowners
association or other pertinent information. (Include fence height if applicable)

Do you own your home?

If you RENT, may we contact your landlord?

Name of landlord and contact information:

Any additional information you would like to include:

Signature of applicant: _____ Date: _____

//////////////////////////////////////OFFICER USE ONLY//////////////////////////////////////

Notes:

Approved: YES/ NO

If denied, please state why:

Process Officer: _____ Date: _____