

Critters 4 U Rescue Inc.
Hampton, VA 23669

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Phone: (757)335-0028

How long will your animal be left alone during the day? _____ When your animal is home alone, will you animal be ___ Allow free movement throughout the house ___ Confined in a room ___ Crated ___ Left outside ___ Left in the garage

Do you currently have any pets? ___ Yes ___ No Where does the animal(s) stay during the day? _____

During the night? _____

Please list any animals previously owned (other than fish, rodents, and reptiles) and describe what happened to them.

animal/breed, how long you have owned the animal(s), age, gender and if they are spayed/neutered, and vaccines.

Are the vaccines up to date? ___ Yes ___ No

Do you believe in spaying/neutering? ___ Yes Are your present animals spayed/neutered? ___ Yes ___ No

Your animal could depend on you for the next **14 years**. Are you prepared for that commitment? ___ Yes ___ No

Have you ever given up an animal before? ___ Yes ___ No For what reason? _____

What types of behavior problems would cause you to return your animal? ___ Excessive barking ___ Chewing ___ Housebreaking ___ Shedding ___ Digging ___ Does not get along with other animals ___ Other (please describe)

To help resolve the problems are you willing to crate train? ___ Yes ___ No Attend obedience class? ___ Yes ___ No

What will you do with your animal when on vacation? _____

What will you do with your animal if you move? _____

Under what possible circumstances would you return your animal? ___ Move ___ New Baby ___ Divorce ___ Personal illness ___ High cost of animal's care ___ Other (please describe)

Please give the names and phone numbers of two references such as a neighbor or friend (no family members please).

1) _____ Phone(H): _____ Phone(W): _____

2) _____ Phone(H): _____ Phone(W): _____

Individuals who adopt from Critters 4 U Rescue Inc. are contacted periodically for an update to help ensure the animal successfully adjusts to its new home. If you adopt your animal from Critters 4 U Rescue Inc. will you consent to occasional contact to ensure your animal is doing well in your home? ___ Yes ___ No

If at any time an adopter cannot keep an animal, it must be returned to Critters 4 U Rescue Inc.

By signing below, I acknowledge that I have read this questionnaire **completely**, and comprehend the Adoption Application **fully**. I understand that applying **does not** ensure approval and that untruthful answers or failure to comply with the requirements of this application of the adoption contract can result in forfeiture of the **Critters 4 U Rescue Inc. animal adopted by me**.

Signature: _____ Date: _____

I certify that I have never been convicted of animal cruelty of animal cruelty, abandonment, neglect, or abuse.

Signature: _____ Date: _____

Critters 4 U Rescue Inc. Reserves the right to refuse or deny any application other than race, creed, color, or religion.

Please return this form to a Critters 4 U Rescue Inc. Representative