

PO Box 433 Onancock, VA 23417

Ph: 609-494-0020 / www.sharpeirescueofva.org

Adoption	ostei Application			
Date:	Applying for:	Adoption	Foster	
Which dog(s) are you interested in?				
Adopters, a non-refundable \$10.00 application processing	-			
processing costs. Forward this application and payment		-		
availability of a specific dog because we often have sever dog, please inquire about the availability of the dog before		you are interested in o	my one specific	
dog, please inquire about the availability of the dog before	- аррупід.			
There is an adoption fee of \$350 for dogs under 7 years of	f age and \$250 for dogs 7 and up.	All dogs are spayed/r	neutered, up-to-	
on vaccinations, and micro-chipped before leaving rescue		•		
average rescue dog enters its adoptive home an average	of \$500 - \$1500 may have been s	pent for medical treatm	nents & foster ca	
We care for each Pei as if it were our own pet.				
ame of Applicant:	Name of Co-Applicant:			
	Relationship to Applicant:			
e:	Age:			
(Must be at least 18 yrs. of age)				
ddress:	A . I . I /IE . !! EE	A ()		
	Address: (If different from Applicant)			
ome Phone:	Home Phone:			
ell Phone:			_	
III Pnone:	Cell Phone:			
nail:	– Email:			
nployer:				
-	Employer:			
sition:	- Position:			
ork Phone:			_	
	Work Phone:			
ay we contact you during work hours, if necessary	May we contact you during	work hours, if neces	sary	
Yes □ No □	Yes T No T		-	

Section 1 What, if anything, do you know about Shar-Pei? (Temperament, health, etc.) ☐ Companion ☐ Train for Competition Why do you want to adopt a Shar-Pei? ☐ Guard dog ☐ Gift ☐ To Breed Personal protection For your children Do you ☐ RENT or ☐ OWN your home? What type of Dwelling is it? ☐ Live with parents' ☐ Single Family Home Townhouse Condo Apartment Duplex Mobile home Are there any covenants (restrictions, size, type) that prevent you from having a particular pet? \square Yes \square No If Yes, Please explain Do you have permission from this property owner to have a dog? \square Yes \square No (Proof of ownership, or lease with pet clause must be provided) If renting, please provide your landlord's name, address and phone number How long have you lived at this residence? If less than five years, please list all addresses for previous five years and dates of occupancy □Yes □No Do you have fencing (a totally enclosed, secure yard)? Please describe (type of material, height, size of yard)____ □ No □ Fulltime ☐ Part-time ☐ More than one job? Do you work? How many hours will this pet be alone per day Where will this pet be kept while you are away or at work? During the day At night ☐Yes ☐No Is anyone home during the day? Who How long ☐ Yes ☐ No Do you have children? Please list age(s) Who will be responsible for the primary care of this animal? We require that all animals adopted from us be spayed/neutered. Do you have any questions or reservations ☐ Yes ☐ No If yes, please explain about this policy? Who will care for this animal while you are on vacation? If you have to move, what will you do with this animal? Are you willing to take responsibility for this pet for the next 10 or more years, even if you have your first or more children, pets? ☐ Yes ☐ No It can cost up to and beyond \$650/year=\$55/month to care of a pet, taking into consideration the cost of veterinary care, food, licensing, boarding, etc...ls this affordable? ☐ Yes ☐ No What will you do if the pet gets sick, injured, or requires surgery? We require pets to be taken annually to the veterinarian for rabies, distemper, hepatitis, leptospirosis, Para influenza, and parvovirus inoculations, and be checked for parasites and heartworms. Will you be able to do so? \square Yes \square No How will you control fleas/ticks? It is required that pets be kept on a heartworm preventative year round, will you be able to do so? \(\subseteq \text{Yes} \subseteq \text{No} \)

	Section 2							
•	Please list all p	oets you own or have	owned in the last f	ive years:				
Nan	ne	Breed	Sex	Spayed/Neutered	Age	Where is it now?		
_	Do you have a	veterinarian? 🗆 Yes	s DNo If yes ple	ase fill in the name a	and address			
	•	tacting them for refer	• •		and address,			
	Name	-		of		Vet		
	Name			of		Clinic		
	Address							
	Phone							
•	Are all pets cui	rrent on vaccinations	? □Yes □No, p	lease explain				
•	-	d to surrender a pet i		· ·				
•	•	er had a pet die at ar		accident, please exp	lain			
•	• •	an to exercise the do	-					
•	Do you plan to tie or chain the dog outside at anytime?							
	• •	andle the following:						
	Excessive	_				barking		
	Excessive					chewing		
	House brea					3		
•	Are you willing to give this pet time to adapt to his new environment and family members (at least 30 days)?							
	Yes No							
•	Do you understand this animal may not be housebroken and are you willing to take the time to work with this animal? \square Yes \square No							
•	How did you he	ear about Shar-Pei F	Rescue of VA, Inc.?					
		Foster H	lomes Only, Adop	oters Proceed to S	ection 3			
•	Please explain	why you would like	to foster a Shar-Pei					
•	Are you able to	o foster (check all tha	at apply): 🔲 Sick 🏻		_	•		
			_		Temperament Prob			
•	, ,	gs can you foster at o		\square 2 \square 3 \square 4		many as necessary		
•	Do you understand that most foster animals need daily medication, special feedings, veterinarian care and lots of love and attention. Can you provide the time necessary to care for this animal until adopted? Yes No							
•	Shar-Pei Rescue of VA agrees to pay for approved medical treatment. This requires you to contact us when there							
		eed. Do you have an	y concerns with this	i? ☐ Yes ☐ N	0			
	If yes, please e	•						
•	How long are y	you willing to take res - 1 year	sponsibility for this a til adopted	anımai? 🗀 10-day qı	ıarantine	nonths		
•	Are you familia	ar with diagnosing ba	sic canine sympton	ns of illness? \square Y	es □ No			

	Section 3						
Have you or someone in your family ever been abuse, abandonment, violations, or penalties If yes, please explain:	at your current or pre	vious addresses?					
(Under Virginia Code Se	ection 3.1-796.96 et seq., w	e are required to verify this information)					
I ACKNOWLEDGE THAT ALL THE INFORM AGREE TO THE TERMS AND CONSIDERA MISREPRESENTATIONS OF FACT MAY R HOME BY SHAR-PEI RESCUE OF VA.	ATIONS SET FORTH	IN THE APPLICATION. I UNDERST	TAND THAT ANY				
Applicant signature:		Date:					
Co-applicant signature:		Date:					
For Office Use Only							
Date Received:							
Application Fee Received:		Method of Payment:					
Date Recognition of Application Email S	Sent:						
Date Recognition of Application Letter S	Sent:						
Date of Initial Contact:							
Notes:							
Date of Vet Check:	By Whom:						
Notes:	ŕ						
Date of Landlord Check:	By Whom:						
Notes:							
Date Home Visit Completed:	By Whom:						
Home Visit Form Attached?							
Date Criminal History Completed:	By Whom:						
Copy Attached?							