



OF VIRGINIA

P.O Box 968

Barneget Light, NJ 08006

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

Adoption/Foster Application

Date: _____

Applying for:

Adoption

Foster

Which dog(s) are you interested in? _____

Adopters, a non-refundable \$10.00 application processing fee must be submitted with your application. This fee offsets application processing and costs associated with a Criminal History Check. Forward this application and payment to the above address.

Please note that we cannot guarantee the availability of a specific dog because we often have several applications being processed. If you are interested in only one specific dog, please inquire about the availability of the dog before applying.

There is an adoption fee of \$275 for dogs under 7 years of age and \$175 for dogs over 7. All dogs are spayed/neutered, up-to-date on vaccinations, and micro-chipped before leaving rescue. Adopters will also be given an "adoption kit".

Entropion surgery is also done upon vet recommendation. Before the average rescue dog enters its adoptive home, an average of \$300 - \$500 may have been spent for medical treatments & foster care. We care for each Pei as if it were our own pet.

Name of Applicant:

Name of Co-Applicant:

Birth date: _____

(Must be at least 18 yrs. of age)

Relationship to Applicant: _____

Birth date: _____

Drivers License # & State of Issue: _____

Drivers License # & State of Issue: _____

Address: _____

Address: (If different from Applicant) _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Position: _____

Position: _____

Work Phone: _____

Work Phone: _____

May we contact you during work hours, if necessary

Yes

No

May we contact you during work hours, if necessary

Yes

No

Section 1

- What, if anything, do you know about Shar-Pei? (Temperament, health, etc.) _____

- Why do you want to adopt a Shar-Pei? Companion Train for Competition 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? Yes No
If Yes, Please explain _____
- Do you have permission from this property owner to have a dog? Yes 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 _____

- Do you have fencing (a totally enclosed, secure yard)? Yes No
Please describe (type of material, height, size of yard) _____
- Do you work? No Fulltime Part-time More than one job?
- 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 _____
Is anyone home during the day? Yes No
Who _____
How long _____
- Do you have children? Yes No
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 about this policy? Yes No If yes, please explain _____
- 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...Is 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? Yes 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? Yes No

Section 2

- Please list all pets you own or have owned in the last five years:

Name	Breed	Sex	Spayed/Neutered	Age	Where is it now?

- Do you have a veterinarian? Yes No If yes, please fill in the name and address, we will be contacting them for reference:

Name of Vet _____

Name of Clinic _____

Address _____

Phone _____

- Are all pets current on vaccinations? Yes No, please explain _____
- If you have had to surrender a pet in the past, please explain _____
- If you have ever had a pet die at an early age or in an accident, please explain _____
- How do you plan to exercise the dog? _____
- Do you plan to tie or chain the dog outside at anytime? Yes No
If yes, please explain _____
- How will you handle the following:
 - Excessive barking _____
 - Excessive chewing _____
 - House breaking _____
- 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? Yes No
- How did you hear about Shar-Pei Rescue of VA, Inc.? _____

Foster Homes Only, Adopters Proceed to Section 3

- Please explain why you would like to foster a Shar-Pei _____
- Are you able to foster (check all that apply): Sick Injured Healthy Nursing Mother & Pups
 Behavior/Temperament Problems
- How many dogs can you foster at one time? 1 2 3 4 5 As 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 is a medical need. Do you have any concerns with this? Yes No
If yes, please explain _____
- How long are you willing to take responsibility for this animal? 10-day quarantine 2-4 months
 6 months – 1 year until adopted
- Are you familiar with diagnosing basic canine symptoms of illness? Yes No

Section 3

Have you or someone in your family ever been accused, convicted, or fined for animal related neglect, abuse, violations, or penalties at your current or previous addresses? **Yes** **No**
If yes, please explain: _____

(Under Virginia Code Section 3.1-796.96 et seq., we are required to verify this information)

I ACKNOWLEDGE THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. I AGREE TO THE TERMS AND CONSIDERATIONS SET FORTH IN THE APPLICATION COVER LETTER. I UNDERSTAND THAT ANY MISREPRESENTATIONS OF FACT MAY RESULT IN THE REMOVAL OF ADOPTED/FOSTERED DOG FROM MY HOME BY SHAR-PEI RESCUE OF VA.

Applicant signature: _____ Date: _____

Co-applicant signature: _____ Date: _____

For Office Use Only	
Date Received:	
Application Fee Received:	Method of Payment:
Date Recognition of Application Email Sent:	
Date Recognition of Application Letter Sent:	
Date of Initial Contact:	
Notes:	
Date of Vet Check:	By Whom:
Notes:	
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?	