

## Application to Adopt

Name Of Applicant: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Phone Number: (    )

Applicant Employer Name: \_\_\_\_\_ Phone Number: (    )

Applicant E-mail address:

Name Of Co-Applicant: \_\_\_\_\_

Co-Applicant Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Co-Applicant Phone Number: (    )

Co-Applicant Employer Name: \_\_\_\_\_ Phone Number: (    )

Co-Applicant E-mail address:

### Description of the Proposed Adoption Environment

Age range:    21-30 \_\_\_\_\_ 31-40 \_\_\_\_\_ 41-50 \_\_\_\_\_ 51-60 \_\_\_\_\_ 61-70 \_\_\_\_\_ 71 and up \_\_\_\_\_

Do you live in a house(    ) Townhouse(    ) Apartment(    ) Duplex(    ) Other(    ) ?

Do you rent (    ) or own(    ) ? If you rent Landlord name:  
Phone Number: (    )

Do you live on main artery Yes (    ) or No (    ) ?

Do you have a secure fenced in yard Yes (    ) or No (    ) ?  
If no, describe other secure exercise area for the dog:

Rescues are generally insecure and often are escape artists. Please describe the area and security provisions:

Number of individuals in the household:

Adults:

Children and Ages residing in the household:

Who will be responsible for the Pet?

Is anyone at home during the day Yes(    ) or No(    ) ? If yes, who ? \_\_\_\_\_

If no one is at home during the day, approximately how long will the dog be left alone?

Where will the rescue stay during the day?

During the evening?

Who will care for the rescue when you are on holiday or travel ?

If you move, what will you do with your pet?

If this is an application for a specific Pekingese Yes (    ) or No (    ) ?

If Yes indicate its name: \_\_\_\_\_

If you do not have a specific Peke in mind, list those characteristics (color, sex, ect.)

Have you ever owned a Pekingese before Yes (    ) or No (    ) ?

Why do you want to adopt a Pekingese? (to me this is the same as the next question)

Do you want this pet as a companion ( ) as a gift ( ) Protection ( ) Other( ) ?

If other Please indicate reason\_\_\_\_\_.

What is your opinion of neutered/spayed companion animals?

Are your pets spayed/neutered Yes( ) or No( )?

Are you prepared to assume responsibility for the pet for the remainder of his natural life Yes( ) or No( )?

How much do you estimate it will cost annually to care for a Peke?

**Experience and Knowledge**

Are you familiar with the temperament, environmental and groom needs of a Pekingese Yes( ) or No( )?

Please describe your experience with Pekingese and/or other toy breeds.

List presently and previously owned pets (for the last five years) and present disposition. If deceased, please indicate at what age the animal died and from what cause:

Have you ever been convicted of animal cruelty, neglect or abandonment Yes( ) or No( )?

Have grooming experience Yes( ) or No( )?

Do you have a suitable area to isolate new arrivals Yes( ) or No( )?

If yes, please describe:

**Veterinarian Information:**

**If you previously own or currently own pets this is required.\*\***

\*\*Name of Veterinarian:\_\_\_\_\_

\*\*Veterinarian Address:\_\_\_\_\_

\*\*Veterinarian Phone No:( )

VIRGINIA LAW: The Commonwealth of Virginia has enacted certain requirement for rescued animals, including household pets. Please note the following. By signing this document on the reverse, you are agreeing to the following provisions. You must:

1. Keep adequate records of the adoption, medical treatment, ownership changes, etc.
2. Provide adequate care under the law, and if it becomes necessary, humane euthanasia.
3. Ensure the animal is sterilized (PVPC rescued Pokes are sterile.)

Please read the following before signing/submitting: Unless otherwise stated prior to the adoption, the Pekingese you may adopt from PVPC, INC., will be medically current on all routine inoculations and heartworm medication. PVPC's objective is to ensure that all Pekingese offered for adoption are healthy and disease-free. To that end, PVPC has paid for all medical procedures necessary to address a specific medical condition. To help us continue our work, a donation in the suggested amount of \$200 to \$350 is asked for the Peke. The fee is decided by the rescue committee and is based on health and age. Applicants release the PVPC to confirm the validity of the information provided herein, including contacting the veterinarian listed and by having a satisfactory in-house visit. Applicants understand and agree that PVPC reserves the right to refuse any applicant and agree to hold harmless the PVPC officers and members if their application for adoption is refused.

Signature of applicant \_\_\_\_\_ Date:\_\_\_\_\_

Co-applicant signature\_\_\_\_\_ Date:\_\_\_\_\_

For the Potomac Valley Pekingese Club, Inc.

Approved: Yes( ) or No( )

Director of Rescue \_\_\_\_\_ Date:\_\_\_\_\_

Email Applications to: [Haveninhim@aol.com](mailto:Haveninhim@aol.com) OR

Forward or mail application to:

Potomac Valley Pekingese Club

P.O. Box 220952

Chantilly, VA 20153 -0952