

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()?

How long have you lived there _____ Years _____ Months?

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 ()?

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?

Are you presently working with any other rescue groups Yes() or No()?

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 Pekes are sterile.)

Please read the following before signing/submitted: 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: Potomacpekes@Gmail.com

Forward or mail application to:

PVPC

P.O. Box 61005

Richmond, VA 23261