



Adoption Application

1510 Baldwin Ave. NE, Roanoke, VA 24012

540-344-4922 | www.RCACP.org

The Regional Center for Animal Care and Protection’s goal is to find permanent, loving, and responsible homes for the animals in our care. If you would like to be considered as a potential adopter for a homeless pet in need, please complete this Adoption Application. Please keep in mind that completing an Adoption Application does not guarantee that you will be able to adopt the pet you are applying for. You can check on the status of your application by calling 540-344-4922 or emailing mail@rcacp.org.

I WANT TO ADOPT A: DOG CAT OTHER ANIMAL ID# : _____

ALL FIELDS MUST BE COMPLETED - PLEASE PRINT

First Name: _____ Last Name: _____

Street Address: _____

City/State/Zip: _____

County/City: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Are you over the age of 18? Yes No

Have you previously applied to adopt an animal from this shelter? Yes No

Have you relinquished any animal(s) to the Regional Center for Animal Care and Protection or another animal shelter in the last six months? Yes No

Do You: Own or Rent *If you rent, Landlord’s name & number:* _____

It is the responsibility of each applicant who rents to ensure that their landlord permits pets. By signing below, you attest that you are permitted to have pets in your home. Falsification of an adoption application may result in denial of adoption.

Signature of Applicant

Please list all adults and children that live in the home:

| Name | Age |
|------|-----|
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*** Please ensure all members of the household are present at the time of your meet & greet. ***

Who will be the animal’s primary caregiver? _____

Please list all animals that you have owned or lived with in the last two years:

| Name | Type of Animal | Age | Sex | Spayed/ Neutered? | Still Owner? (If no, explain.) |
|------|----------------|-----|-----|----------------------|--------------------------------|
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All household dogs must be present for a meet & greet. We are unable to make exceptions to this policy. Please initial here that you understand this policy: _____

Where are your animals kept? Indoors Outdoors Both Do you have a fenced yard? Yes No

Explain: _____

Where will the pet sleep at night? _____

Name of your Veterinarian: _____ Phone Number: _____

Name of Emergency Contact: _____ Phone Number: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that all of the information contained in this application is true, and I understand that false information may void this application. I also certify that neither I, nor anyone in our household, has ever been convicted of animal cruelty, neglect, or abandonment. I hereby authorize the Regional Center for Animal Care and Protection to contact any and all references on this application for the purposes of verifying the validity of statements made on this application.

Signature of Applicant

Witness (RCACP Staff Member)

Printed name of Applicant

Date

| |
|--|
| FOR RCACP USE: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <i>Staff Notes:</i> |
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IF FILLING OUT ONLINE: PLEASE EMAIL TO MAIL@RCACP.ORG OR FAX TO 540-344-4906