Avian (Chicken, Duck, Goose, Turkey) Adoption Application for Sussex County Animal Shelter

*14493 Robinson Rd Stony Creek VA 23882 * Tel: 434-246-2167 * Fax: 434-246-2790

Procedure: * Completely fill out & sign application. * You will hear back within 7 days.* For approved applications; an adoption contract will be completed, spay or neuter scheduled and paid for by adopter, pick up date arranged, microchip implanted, adoption fee paid and then you take your new canine friend home.

Today's Date:			
Applicant(s) Name:			
Address:			
City:	State:	Zip:	
E-mail:			
Home Phone: ()	Work Phone: (_)	
Employer:			
Employer's Contact Inform	ation:		
How Long There?	Position?		
Veterinarian's Name:			
City: State	: Zip:	E-mail:	
Work Phone: ()	May We Contact	Him/Her?	
	Property Info	rmation	
What species are you looking	ng to adopt and how man	ny?	
Does your local zoning allo	w for this type of pet? _	YesNo	
Do you:l	Rent		
Owned / rented current hon	ne for how long?		

If you rent, please provide your landlord's contact information:
Do you have a fenced-in area for your bird(s)?YesNo
If yes, please describe (be specific, including approx. dimensions, plus type and height of fencing):
If adopting ducks or geese, do you have a pond/swimming area for them?YesNo
Please describe (be specific, including approx size, depth, whether it is year-round or seasonal, whether it is fenced in)
What type of shelter will you provide (please specify exact dimensions)?
How will you accommodate for winter?
Please describe your property and what living conditions you will provide:
Household Information
How many adults live in your home?
Number and ages of children in your home
Who will be responsible for caring for your bird(s)?
Please list current pets in household, including species, gender, and age:
Are your current pets spayed/neutered?YesNo
Have you ever owned birds?No
If so, how many and what species?
What happened to your bird(s)?

Animal ID: _____

Animal ID:
Avian Care
Why do you want to adopt this type of pet?
Does your vet care for avian pets?No
If not, please list the name and number of the vet you will be using
What will you be doing with the bird's eggs?
What will you do with your birds when you go on vacation?
What would you do if your bird(s) became ill and needed expensive veterinary care?
What would you do if you became ill and could no longer care for your bird(s)?
What are your views on euthanasia?
Are you committed to care for the bird for his/her life (they can live up to 20 years, depending on species and breed)?
In what way have you educated yourself on the proper care of this species?

Animal ID:	
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References

Please supply the name, phone number, and e-mai	il of two references:
1)	
2)	
Can someone from Sussex County Animal Servic prepared to own this type of animal (adequate spa arrival, etc.)?	
Can someone from Sussex County Animal Service the adopted animal is adequately settling into his/environment and with any other animals present?	her new home, and is doing well in the new
understand that omission of information at the application can result in this application untruth is discovered after an adoption tak Animal Shelter, reserves the right to annul Sussex County Animal Shelter permission as well as contact related officials to this a agree to a home and yard visit on a mutual County Animal Shelter before an adoption adoption decision is dependent on many facompatibility of the family and home to the received on this animal. I understand it is to prerogative to decide which home is most therefore I will not argue with the decision	les place, I understand that the Sussex County I the adoption and reclaim the animal. I give the a to fully investigate the information provided adoption. If the application passes this review, I lly agreed date by staff or volunteer of Sussex a decision is made. In addition, I understand the actors, including but not limited to the ae individual animal, and other applications
Print Name:Signature:	Date:
Approvers signature:	
Approvers signature.	Date: