



Small Animal Adoption Questionnaire

Please send completed form as an attachment to animalshelter@fairfaxcounty.gov

Animal Name: _____ Animal ID #: _____

Applicant Name: _____

Address: _____ Apt. / Unit #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

How did you hear about FCAS? _____

Do you: Own Rent Live with Parents Other _____

Type of residence: Single Family Home Townhouse Apartment Condo

If applicable, list the name and phone number of the property owner or rental agency:

Name: _____ Number: _____

List the names of all adults other than yourself (18 years or older) in your home:

List the ages of all children (under 18 years) in your home: _____

Is everyone in the household aware of and in agreement with this adoption? _____

What pets do you currently own?

Name	Species and Size/Breed	Age	Neutered/ Spayed?	Owned for how long?	STAFF ONLY Rabies/License

Veterinarian Name: _____ Number: _____

(Proof of current rabies vaccines for all currently owned dogs and cats is required; staff may call vet to verify.)

Have you adopted from our shelter previously? _____ When? _____

Where will the animal primarily live? (check all that apply): ☒ Cage Inside ☐ Cage Outside

Yard

Whatever the pet enjoys

Name: _____ **Date:** _____

Adoption fees are non-refundable.