

# Adoption Application

## Contact Information

Name:

Address:

Phone:

E-mail:



Today's Date: (REQUIRED)

Are you at least 18 years of age (REQUIRED)

Yes  No

How long have you lived at the above address? (REQUIRED)

What type of animal area you interested in adopting?

Circle one:

\*Cat \*Dog

Is there an animal you are interested in? If so please provide name:

Why do you wish to adopt this pet? Check all that apply (REQUIRED)

Circle one:

\*Love for animals, want to help \*Companion \*So children will learn responsibility/care \*Guard dog \*Gift for someone \*Companion for another pet

Do you have any other animals?

Circle one:

\*Yes \*No

Tell us about your current animals: Breed, age, sex, Spayed/Neutered, how long owned:

Breed: \_\_\_\_\_  Age: \_\_\_\_\_  Spayed/Neutered: \_\_\_\_\_  Breed: \_\_\_\_\_  
 Age: \_\_\_\_\_  Spayed/Neutered: \_\_\_\_\_  Breed: \_\_\_\_\_   
 Age: \_\_\_\_\_  Spayed/Neutered: \_\_\_\_\_

Please list pets you have owned in the past 5 years:

Breed \_\_\_\_\_  Spayed/Neutered \_\_\_\_\_  Age of animal  
 when passed \_\_\_\_\_  How it passed \_\_\_\_\_

Please supply us with the name of your current Veterinarian and phone number:

Housing Type

Circle one:

\*Own Home \*Rent house/apt \*Live in dormitory \*Share housing \*Mobile home own/rent

If rent, please supply your landlord's name and telephone number?

If HOA, please supply contact's name and telephone number:

How many hours will the animal be left alone? (REQUIRED)

1-2  3-5  6-8  more than 8

Are you aware of animal leash and license laws in our county/city? (REQUIRED)

Yes  No

Do you have a fenced in yard?

Circle one:

\*Yes \*No

How will your animal be confined to your property? Select all that apply (REQUIRED)

Circle one:

\*In the house \*In a crate or kennel \*In a fenced in yard \*In a garage \*On patio \*Other

How long do you feel an animal should be given for an adjustment period? (REQUIRED)

- 2-4 weeks 1-3 months 4-6 months

How many adults live in your household other than yourself? Please list names and ages (REQUIRED)

- Names Ages

How many children (under 12 yrs) live in your household? Please list names and ages. (REQUIRED)

- Names: Ages:

Do all family members agree to the adoption? (REQUIRED)

- Yes No

How did you hear about Furry Friends: (REQUIRED)

- TV Adoption, previously Newspaper Website Radio Other

Have you ever given up a pet before? If Yes, please explain:

(REQUIRED)

- Yes No

Do you agree to return the animal back to Furry Friends if your situation changes, and you can not keep this animal? (REQUIRED)

- Yes No

Todays Date: Signature: (REQUIRED)

\*\*\*\*\*STAFF ONLY\*\*\*\*\*

Application Outcome: Furry Friends Staff Signature: (REQUIRED)

- Approve Denied