NAME OF DOG:

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| **PERSONAL INFORMATION** | | | | | | |
| Name of Applicant: |  | | | | DOB: |  |
| Street Address: |  | | | | | |
| City, State, Zip: |  | | | | | |
| Driver's License: |  | | | | State: |  |
| E-mail: |  | | | | | |
| Best Contact Phone: | home / landline  mobile  work | | | | | |
| Spouse / Partner Name (if applicable): | | | | | | |
| Children in home:  Yes  No Ages: | | | | | | |
| Other persons living in home: name, age, relationship | | | | | | |
| **LIVING ARRANGEMENTS** | | | | | | |
| How long at this address: If less than 2 years, provide previous address: | | | | | | |
| Own Home  Rent Home  Rent Apartment or Condo/Townhome  Mobile Home  Other: | | | | | | |
| If renting, did you receive permission from the landlord?  Yes  No  Landlord's name & phone:  We will contact the Landlord. Describe any limitations or timing of our contact. | | | | | | |
| Do you have a fenced-in yard or patio:  Yes  No  Type of fence (material of construction, height, etc.): | | | | | | |
| Are there any slats/openings that could allow a small dog to get in/out:  Yes  No | | | | | | |
| **EXISTING ANIMALS IN HOME** | | | | | | |
| Please list all animals living with you:  None | | | | | | |
| Name: | | Age: | Breed: | Gender:  M  F | | Altered  Yes  No |
| Name: | | Age: | Breed: | Gender:  M  F | | Altered  Yes  No |
| Name: | | Age: | Breed: | Gender:  M  F | | Altered  Yes  No |
| Veterinarian Name and Phone: | | | | | | |

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| Hours per day that pet will be left alone: | |
| During the week: | less than 4 hours  4-8 hours  8-10 hours  more than 10 hours |
| During the weekend: | less than 4 hours  4-8 hours  8-10 hours  more than 10 hours |
| While left alone, pet will be: | |
| individual crate  shared crate  in a restricted area of home  free to roam entire house  other (please explain): | |
| Where will pet sleep at night: | |
| Describe your previous pet experiences (e.g., breed, time owned): | |
| Describe why this pet is a good match for you, your family and your home (e.g., daily routine, hours away from dog, exercise routine): | |
| Do you have a physical limitation that prevents you from exercising this pet?  Yes  No If yes, please describe. | |
| What happens if pet develops a behavior problem? | |
| If you experience a life change (move, divorce, new baby), how will this affect the adopted pet? | |
| Does anyone in the home have pet allergies?  Yes  No If yes, please describe. | |
| Has anyone in the home been convicted of animal cruelty, neglect, or abandonment?  Yes  No  If yes, please describe. Convicted of a felony?  Yes  No | |
| Have you ever had to give up a pet?  Yes  No If yes, please describe. | |

**APPLICANT CERTIFICATION**

I, (name of applicant)                      certify that all information provided on this application is true. I give permission to FFAR to verify information as needed. Any false statement will terminate potential adoption. I understand that a home check may be mandatory before adopting a pet.  **Adoptions are conducted in accordance with the Adoption Process & Policies found on our website: www.friendsfureveranimalrescue.com**

I also agree to sign and abide with the terms of the Adoptive Parents Contract when the adoption is final.