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.