



Forgotten Paws Animal Rescue

ADOPTION APPLICATION

Date: _____ Your Name: _____

Pet(s) applying for _____

Street Address: _____

City: _____ Zip: _____

Email address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Emergency Contact: _____

Do you live in a: Single Family House _____ Apt _____ Condo _____ CC&R's _____

Occupations: _____

Work Schedule: _____

Times you will be at home: _____

Names of all persons living in household, their relationship to you and ages: (including children)

Please list 2 personal references and their relationship to you

Name: _____ Relationship: _____ Phone: _____

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Companion Animals (all other pets in household)

Type/ Breed: _____ Age: _____ Sex: _____ Spayed/Neutered: _____

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Have you ever trained a dog in obedience classes: Yes _____ No _____

Would you consider training for any issues that arise? _____

Your family veterinarian:

Name: _____ Phone: _____

Address of **24 hour** veterinary service in your area _____

Who would be responsible for the care of your new pet? _____

Our Pets are expected to sleep indoors. Where would your new pet sleep? _____

How many hours a day would the pet be left alone?: _____

Where would your new pet be left when he/she is alone or when you are away from your home?:

If Outdoors: (check one) Yard _____ Patio _____ Kennel _____ Garage _____ Other _____

Is yard fenced? _____ If so, how high is fencing? _____

Do you have a doggie door? Yes _____ No _____

When you are at home, your new pet would be: (check one)

always indoors_____ mostly indoors_____ always outdoors_____ mostly outdoors_____

If dog will be outside at all, what outside space is available for the dog?

Fenced Yard_____ Patio_____ Run_____ Balcony_____ Unfenced Yard_____ Other_____

What provisions could you make if you travel a great deal?

What provisions would be made for your new pet if you had to move to a place where no pets were allowed?

Under what circumstances would you not keep your new pet?

If your new pet became destructive to your home, what would you do?

What would you do with your new pet if you could no longer care for him/her?

Is there anything else you would like to tell us about yourself or your home environment?

All the information I have provided in this application is true and correct. If any of the information changes, I will advise FPAR promptly

Name: _____
Printed Signature:

Date: _____