

Four Paws Coonhound Rescue and Friends Inc.

9400 Blossom Valley Road, El Cajon, CA 92021
 Phone: (619) 851-1129 Email: fourpawws@cox.net

To be completed by FPCR representative	
Dog/Cat Name	_____
Breed/Color	_____
Age	_____ Sex _____
F.P. Name	_____
F.P. Contact #	_____

Dog and Cat Adoption Questionnaire

PLEASE PRINT CLEARLY

Name: _____ Date: _____

Spouse/Roommate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-mail: _____

Occupation: _____ Spouse's Occupation: _____

Employer: _____ Spouse's Employer: _____

PERSONAL REFERENCES

Name:	Name:
Phone:	Phone:

1. Do you live in a: House _____ Condo _____ Apartment _____ Mobile Home _____
 Military _____ Other (please specify) _____

2. How long have you lived there? _____
 If less than 2 years, please give previous address _____

3. Do you rent? YES _____ NO _____

4. If "Yes" do you have your landlord's permission to have a dog or cat? _____

5. May we contact your landlord? YES _____ NO _____
 Landlord's Name: _____ Phone: _____

6. Name of veterinarian/hospital: _____
 Are you willing to provide adequate medical care if your pet should become sick or injured?
 YES _____ NO _____

7. Healthy pets require annual vaccinations and routine medical care. What would you estimate the cost to be per year? _____

8. Dogs and cats can live longer than 15 years and their care may amount to over \$400.00 per year. Are you prepared to accept this kind of responsibility for his or her ENTIRE life? YES _____ NO _____
9. Would you object to an inspection of your premises by a rescue representative? YES _____ NO _____

Dog-specific questions: (please skip to cat-specific questions if you are applying to adopt a cat)

10. Do you plan to put an I.D. tag on this dog? YES _____ NO _____
11. Do you plan to license this dog? YES _____ NO _____
12. Are you willing to attend obedience classes? YES _____ NO _____
13. Have you inquired about classes? YES _____ NO _____ Where? _____
14. Dogs left alone frequently dig, chew, bark etc. How do you plan to deal with these types of behaviors?

15. How many hours per day will this dog be left alone? _____
Where will your companion be kept during this time?
Outdoors? _____ Indoors? _____ Both? _____
16. What kind of outdoor shelter is available for this dog?

Cat-specific question:

17. Will you keep this cat strictly indoors? YES _____ NO _____

More questions for dog or cat adoptions:

18. Is anyone in your household allergic to animals? YES _____ NO _____
If "Yes" are they on medication that can control the allergies? YES _____ NO _____
19. Have you owned a cat or dog before? YES _____ NO _____ If "Yes", what happened to them? (If deceased, please state cause of death and how long ago):

20. Do you currently own any animals? # Of Dogs _____ # of Cats _____
21. Have they all been spayed/neutered? YES _____ NO _____
22. Are your other dogs licensed? YES _____ NO _____
23. When were they last vaccinated? _____
24. Do you have a swimming pool? YES _____ NO _____ If yes, how is it fenced/covered?

25. Do you have a fenced yard? YES _____ NO _____ If yes, how high is fence?

What type of fencing? _____
26. List the names & ages of all children living at home: _____

27. On the first night home where will the dog/cat sleep? (Please be specific) _____

28. Who will be responsible for feeding, grooming, and training your new pet? _____

29. How soon after the dog/cat arrives home will it be left alone? _____
30. How often do you travel? _____
31. How do you plan to provide for the dog/cat when you are out of town? _____

27. What will happen to the dog/cat if you move? Locally? _____
Out of state? _____
Overseas? _____
28. Under what circumstances would you not keep this dog/cat? Divorce _____ Move _____
New Baby _____ New Job _____ Illness _____ Other _____
29. Why do you want a dog/cat? (Please number as many choices AS APPLY in order of importance: 1,2,3)
For Children _____ Companion _____ For Spouse _____ Protection _____
As a gift _____ for other pet _____ Hunting _____ Other _____
30. Why have you chosen THIS dog/cat? _____

31. How did you learn about this dog? Union Tribune _____ Petfinder _____ Radio _____ TV _____ PetSmart _____
Website _____ Adoption Event _____ Other (please specify) _____

I CERTIFY THAT THE ABOVE IS TRUE, AND THAT ANY FALSE INFORMATION MAY RESULT IN NULLIFYING THE ADOPTION. I ALSO UNDERSTAND THAT FILLING OUT THIS APPLICATION DOES NOT ENSURE THAT I WILL BE SELECTED TO ADOPT THIS DOG/CAT.

Signature: _____ Date: _____

Print Name: _____

You may mail your completed application to:

Four Paws Coonhound Rescue and Friends, 9400 Blossom Valley Road, El Cajon, CA 92021

Scan and email your form to:

fourpawws@cox.net

or Fax your application to:

619-443-0877