



ADOPTION APPLICATION

The following information will help us assist you in the selection of a new pet. ***The animals' welfare is our foremost consideration.*** The consultation process is designed to help us assist you in finding the animal most compatible with your lifestyle. There is an adoption fee which we will collect at the time you take your pet. This money helps to cover a small portion of the cost we incur in caring for each animal in our care.

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____ Email: _____

What best describes your street location:

___ City ___ Busy Traffic ___ Residential ___ Slight thru Traffic ___ Very Little Traffic

Do you live in: ___ House ___ Condo/Townhouse ___ Apartment

Do you: ___ Rent ___ Own **If rent is checked, we will need to obtain a copy of the lease stating its ok to have pets or a notarized letter from your landlord.**

Landlord's name and phone number: _____

Landlord's address: _____

Number of adults (over 18 years) _____ Number of children (under 18 years) _____

Age's _____

Please check all that apply to your family's lifestyle

___ Very Active/on the go ___ Quiet/relaxed ___ Noisy/lots of visitors

___ Travel frequently ___ Entertain frequently ___ Kids have friends over frequently

Employer Name _____ Address: _____ Phone: _____

ID: You will need a photo ID, such as a driver's license. DL# _____

PERSONAL REFERENCE – **Must not** be a relative or live in the same household

#1 _____ Phone _____ Email _____

#2 _____ Phone _____ Email _____

What kind of pet are you here to adopt? Dog Puppy Cat Kitten

Do you have any preference to breed type, sex, size, length of hair? Yes No

If yes, explain _____

Is there a specific animal you are interested in? _____

Desired age: ___ No preference ___ 10+ senior ___ 3 years sensible adult ___ 1-3 yrs energetic young adult ___ 4-12 months child/teenager ___ 2-4 months toddler

Desired Characteristics: ___ very active ___ calm ___ playful ___ outgoing ___ reserved ___ confident

Do any members of your household have allergies? ___ Yes ___ No

(Please list) _____

If you have children or plan to extend your family are you comfortable with the possibility of a child being bitten, scratched or knocked down by an animal? ___ Yes ___ No

Is this your first experience with a pet? Yes No

How many pets do you have now? _____ Dogs _____ Cats _____ Other
How many pets in the last 10 years? _____ Dogs _____ Cats _____ Other

Have you ever adopted an animal from Friends of Wayne Animals? ___ No ___ Yes

If yes please list _____

Please list any pets you now have or have had in the past 10 years:

Name	Type/Breed	Age	Sex	Spay/neutered	why you no longer have
_____	_____	_____	M ___ F ___	Yes ___ No ___	_____
_____	_____	_____	M ___ F ___	Yes ___ No ___	_____
_____	_____	_____	M ___ F ___	Yes ___ No ___	_____
_____	_____	_____	M ___ F ___	Yes ___ No ___	_____

Are your current pets up to date with shots? ___ Yes ___ No

If no please explain _____

Are your current pets licensed in you town? ___ Yes ___ No

If no please explain _____

Veterinarian contact information: This is for a veterinarian you are currently using or have used with a past animal in your care.

Name: _____ Phone: _____

Address: _____

Where will your pet stay during the day? ___ Inside (house) ___ Inside (garage/porch) ___ Outside
___ Both ___ Other Please explain _____

Where will your pet stay at night? ___ Inside (house) ___ Inside (garage/porch) ___ Outside
___ Both ___ Other Please explain _____

Is anyone home all day? Yes No

Have you ever brought an animal to a shelter? Yes No

Please explain _____

Are you financially prepared to give your new pet routine and ER medical care? Yes No

Would you object to a visit from a FOWA representative? Yes No

Do you have contingency plans in place for your new pet if something were to happen to you?

___ Yes ___ No Please list Plan _____

*******DOG ADOPTIONS ONLY*******

Do you want the dog for a (check all that apply):

House Pet Guard Dog Watch Dog Companion
Gift Breeder Companion for another Pet Other _____

How will you keep your dog confined to your property? (Check all that apply)

In Home Kennel Fenced Yard On Chain Garage
Patio On Leash Other _____

How much time will your pet be alone (without human companionship)? ___ Hours ___ Days per week

Do you have a fenced yard? Yes No If yes, how high? _____

If you do not have a fence, are you prepared to walk your dog multiple times a day in all types of weather? (Ice, snow, pouring rain, high heat, wind) _____ Yes _____ No

How much time a day do you plan to devote a day to exercising your new pet? _____

Describe how you will house train your new pet _____

How will you discipline/correct your pet if they do something wrong? _____

Are you familiar with crate training? Yes No

*******CAT ADOPTIONS*******
ONLY*****

Do you want the pet for a (check all that apply):

- House Pet Mouser Breeder Companion Gift
Companion for another Pet Other _____

How much time will your pet be alone (without human companionship)? _____Hours ___Days per week

Will the cat be allowed outdoors? _____No _____ Yes

If yes, under what circumstances _____

How do you plan on litter box training your cat/kitten? _____

Do you plan on de-clawing your new cat/kitten? _____ Yes _____ No

If yes, please explain the reason why _____

How will you discipline/correct your pet if they do something wrong? _____

I hereby release to FOWA access to all veterinary and town license records of any or all of the animals I own or have owned. I certify that all the information in this application is true and I understand that false information may void the application. All adoptions are finalized at the discretion of the review board. FOWA reserves the right to refuse any adoption and will not reveal the specific reason for adoption denial. FOWA reserves the right to contact any individuals listed on this form.

☒Signature _____ Date _____

FOWA USE ONLY – DO NOT WRITE BELOW THIS LINE – THANK YOU

Reviewed Form Vet Check DL Check Landlord Check Approved Yes No

NOTES: _____

☒Report taken by volunteer: _____ Date _____