

# Furever Friends: Adoption Application: Dog

Date: \_\_\_\_\_ Name of Animal: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employment: Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Residence: Own Rent Landlord's Name/Phone: \_\_\_\_\_

Has landlord approved? Yes No Dep Paid? Yes No

Information regarding yard: none Fenced: Yes No

Type: Wood Chain Brick Iron Other

Fence Height: < 4 feet 4 – 6 feet > 6 feet Condition: good fair poor

completely encloses yard have separate kennel run (specify size): \_\_\_\_\_

Do you have a doggy/kitty door: \_ Yes \_ No if yes, where does it lead: \_\_\_\_\_

Number of Adults in Household: \_\_\_\_\_ Number of children in Household (with ages): \_\_\_\_\_

Current Animals:

Name: _____	This pet is:	Name: _____	This pet is:	Name: _____	This pet is:
Breed: _____	indoor only	Breed: _____	indoor only	Breed: _____	indoor only
Age: _____	outdoor only	Age: _____	outdoor only	Age: _____	outdoor only
Sex: M __ F __	mostly indoor	Sex: M __ F __	mostly indoor	Sex: M __ F __	mostly indoor
Spayed/Neutered	mostly outdoor	Spayed/Neutered	mostly outdoor	Spayed/Neutered	mostly outdoor
Yes No	indoor/outdoor	Yes No	indoor/outdoor	Yes No	indoor/outdoor
Name: _____	This pet is:	Name: _____	This pet is:	Name: _____	This pet is:
Breed: _____	indoor only	Breed: _____	indoor only	Breed: _____	indoor only
Age: _____	outdoor only	Age: _____	outdoor only	Age: _____	outdoor only
Sex: M __ F __	mostly indoor	Sex: M __ F __	mostly indoor	Sex: M __ F __	mostly indoor
Spayed/Neutered	mostly outdoor	Spayed/Neutered	mostly outdoor	Spayed/Neutered	mostly outdoor
Yes No	indoor/outdoor	Yes No	indoor/outdoor	Yes No	indoor/outdoor

Describe how you handle your dog's activity, play and toileting needs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Past Animals: \_\_\_\_\_ Number of dogs and / or cats owned in last 10 years: \_\_\_\_\_

Dog/Cat	Spayed / Neutered?	Length of Time Pet with You	Explain why this / these pets are no longer with you (be specific)
Dog Cat	Yes No		
Dog Cat	Yes No		
Dog Cat	Yes No		
Dog Cat	Yes No		

Vet Information I have no vet because: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Been with this vet: < 1 year (list previous vet): \_\_\_\_\_  
 1 – 5 years over 5 years

When was the last time your current pets were vaccinated? \_\_\_\_\_

If your current pets have not been vaccinated please explain: \_\_\_\_\_

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Fax: 817-361-7206

What type of Heartworm prevention do you give to your dog(s) and when was the last dose? \_\_\_\_\_

Were you looking for a dog today? Yes No

Why are you drawn to this particular dog? \_\_\_\_\_

What made you decide to adopt today? \_\_\_\_\_

Can you provide a permanent home for this pet for the next 10 to 15 years? Yes No

Size Preference of your dog when full grown:

small (under 20 pounds) medium (20-40 pounds) med/lge (40-85 pounds) xlarge (> 85 pounds)

Where will this dog spend the day?

loose indoors garage basement fenced yard /kennel

crate (indoors) crate (outdoors) other (explain):

On average, how many hours per day will the pet spend **without** human company?

1 to 3 3 to 5 8 to 10 > 10

Where will this dog spend the night?

loose indoors garage basement fenced yard /kennel

crate (indoors) crate (outdoors) other (explain):

How will you Potty-Train this puppy / dog if necessary? \_\_\_\_\_

If your life circumstances change what will you do with this pet? (marriage, new baby, moving, change jobs, illness, dating, etc)

Do you or anyone in your household have serious medical problems? Yes No If yes, how will it be effected by having this pet in the home? \_\_\_\_\_

How much do you expect routine health care to cost annually? \_\_\_\_\_

What behavior problems have you had with dogs in the past and how did you handle those? \_\_\_\_\_

If you experience behavior problems with this dog how will you handle it? \_\_\_\_\_

What circumstances do you feel justify giving up a dog?

moving allergies getting out of fence children lost interest other \_\_\_\_\_

new baby gets too big too time consuming aggressive behavior \_\_\_\_\_

divorce shedding medical problems other behavior problems \_\_\_\_\_

Would you be willing to allow someone designated by Furever Friends to visit your home by appointment?

Yes No (explain):

By submission of this application you are indicating that all the above information you provided is true and complete.

**Furever Friends reserves the right, in our sole discretion, to refuse any applicant for any reason whatsoever.**

Applicant's Signature:

Date: