



OF NORTH TEXAS

APPLICATION FOR ADOPTION

To be considered as an adopter today, you must: Check each to verify that you qualify:

- I am 21 years or older:
- I have a valid driver's license or other photo ID and identification with your present address.
- I am able to verify that I can have a pet where I live and proof of pet deposit, if required.
- I am physically, financially and emotionally able to care for this animal.
- I am willing and able to spend the time and money necessary to provide the proper care for a pet. This includes food, shelter, veterinary care, grooming and training, for the lifetime of the animal I adopt.
- I agree to hold harmless Friends Forever of North Texas for any damage to person(s) or personal property caused by the animal.

Friends Forever of North Texas is committed to enriching the lives of our animal friends who may be without shelter, food, care or love, regardless of age, natural beauty or condition, and to find them permanent homes. Our animals are living beings entrusted to our care. It is our responsibility to find the best possible homes for them and to meet the individual needs of each animal. For this reason, we reserve the right to approve or deny any adoption as we see fit.

PERSONAL INFORMATION

PREFERRED TITLE: EMAIL ADDRESS

LAST NAME

DRIVER'S LICENSE NO.

FIRST NAME

STATE & EXP DATE

STREET ADDRESS

HOME PHONE NUMBER

CITY

WORK PHONE NUMBER

STATE

CELL PHONE NUMBER

ZIP

DATE OF BIRTH

OCCUPATION

EMPLOYER

Length of time there:

NUMBER IN HOUSEHOLD:

NAME(S) & AGE(S), AND DATE OF BIRTH OF OTHER ADULTS IN HOUSEHOLD (one per line)

NAME(S) & AGE(S), AND DATE OF BIRTH OF OTHER CHILDREN IN HOUSEHOLD (one per line)

Have you been planning to adopt a pet? Yes No

If no, what was the deciding factor in adopting a pet today?

GENERAL INFORMATION

HOW MANY TIMES HAVE YOU APPLIED FOR ADOPTION IN THE PAST YEAR?

What was the outcome of the application & why? (Required if the answer above is 1 or higher)

WHY ARE YOU INTERESTED IN ADOPTING AN ANIMAL? (Check all that apply)

- | | | |
|----------------------------------------------------|------------------------------------|--------------------------------------|
| Companion for Child <input type="checkbox"/> | House Pet <input type="checkbox"/> | Protection <input type="checkbox"/> |
| Companion for Another Pet <input type="checkbox"/> | Gift <input type="checkbox"/> | Outside Dog <input type="checkbox"/> |

WHAT CHARACTERISTICS ARE MOST IMPORTANT TO YOU IN A PET?

DOES ANYONE IN YOUR HOME HAVE ALLERGIES TO ANIMALS OR ASTHMA? Yes No

IS EVERYONE IN HOUSEHOLD AWARE OF AND AGREE TO ADOPTING A PET? Yes No

OWNED PET(S) PREVIOUSLY? Yes No CURRENTLY OWN PET(S)? Yes No

WHAT PERCENTAGE OF THE TIME WILL THIS PET BE INDOORS?

IF OUTDOORS, WHAT KIND OF SHELTER WILL BE PROVIDED?

IF OUTDOORS, WILL THE PET BE: (Select One)

TIED/CHAINED FREE TO ROAM (fenced area) FREE TO ROAM (non-fenced area)

WHERE WILL THIS PET BE KEPT DURING THE DAY?

HOW MANY HOURS WILL THIS PET BE LEFT ALONE?

WHERE WILL YOUR PET SLEEP AT NIGHT?

HOW LONG DO YOU EXPECT TO KEEP THIS PET?

IF YOU MOVED, WHAT WOULD YOU DO WITH THIS PET?

WHAT VET CARE WILL YOU PROVIDE FOR THIS PET?

RESIDENCE INFORMATION

HOW LONG AT PRESENT ADDRESS:

TYPE OF HOME: House Mobile Home Townhouse Apt. Other

LOCATION OF HOME: Suburban Urban Rural

DO YOU OWN OR RENT YOUR HOME/APARTMENT? Rent Own

THE FOLLOWING INFORMATION IS REQUIRED IF RENTING A HOME OR APARTMENT

Are you allowed to have pets? Yes No

Are there any breed restrictions or weight restrictions? Yes No

If so, please list those

I HAVE PAID MY DEPOSIT AND HAVE MY RECEIPT Yes No

PROPERTY NAME: PET DEPOSIT FEE AMT:

MANAGER'S NAME: MANAGER'S PHONE NO:

IF LIVING IN HOUSE, DO YOU HAVE A SECURE, FENCED IN YARD? Yes No

IF SO, LIST TYPE OF FENCE AND HEIGHT

CHECK ALL OF THE FOLLOWING THAT APPLY REGARDING YOUR HOME ENVIRONMENT:

POOL DOGGY DOOR DOG CRATE LIVESTOCK

WHAT IS YOUR FAMILY'S ACTIVITY LEVEL? ATHELETIC MODERATE LOW

HAVE YOU EVER GIVEN UP FOR ADOPTION OR GOTTEN RID OF AN ANIMAL? Yes No

If yes, please state the reason and what you did with the animal:

HOW MANY PETS (DOGS & CATS) ARE CURRENTLY IN YOUR HOUSEHOLD?

PLEASE LIST CURRENT PETS BELOW:

	BREED:	SEX:	AGE:	HOW OBTAINED:
PET 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PET 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PET 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PET 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PET 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PET 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other than those listed above, please list the pets (dogs & cats) you've owned in the past 10 years.
(Please include Type, Breed, Name, Sex, Spayed/Neutered, Kept Where, Ages, & What Happened to them)

PAST PET

VETERINARIAN INFORMATION

NAME OF VETERINARIAN:
PHONE NUMBER:
STREET ADDRESS:
CITY:
STATE:
ZIP:

WHEN AND WHY WAS YOUR
LAST VISIT TO YOUR VET?

VISIT

Are your pets up to date on all their vaccinations? Yes No

Are you pets on heartworm preventative? Yes No BRAND

Will you allow Friends Forever to contact your veterinarian? Yes No

DOG ADOPTERS

IF ADOPTING A PUPPY, OR AN ADULT DOG THAT IS NOT YET HOUSETRAINED:

Do you realize that you'll be responsible for housetraining this pet? Yes No

Have you housetrained a dog before? Yes No

Housetraining method used?

Are you familiar with crate training? Yes No Would you use it? Yes No

What will you do if your dog chews furniture or displays destructive behavior?

CAT ADOPTERS

HAVE YOU LITTER BOX TRAINED CATS BEFORE? Yes No

IF YOU HAVE DOGS, HAVE THEY BEEN EXPOSED TO CATS? Yes No

DO YOU PLAN TO DECLAW YOUR CAT WHEN ADOPTED? Yes No

FOR OUR RECORDS:

NAME OF DOG OR CAT I'M INTERESTED IN:

I certify the above information is true and correct to the best of my knowledge.

I understand that, prior to the placement of a pet in my home, the above information will be verified.

Typing your name in the box is equivalent to signing your name on the paper application.

Applicant's Signature DATE:

PRINT