

# Friends of Horseshoe Bend Animals

## *Pet Adoption Application*

**(Please Print)**

PETS ARE NOT PLACED ON A FIRST COME, FIRST SERVED BASIS. Our goal is to match the prospective new family with the appropriate pet. We are here to fill the needs of the animals first. The purpose of our adoption program is to find responsible, lifelong homes for animals suitable for family pets. If you wish to adopt an animal, please complete this application and return to: [sillysetters1@aol.com](mailto:sillysetters1@aol.com) or mail to:

Friends of HB Animals, C/O 2009 Twilight Drive, Horseshoe Bend, AR 72512

Friends of HB Animals No. \_\_\_\_\_ Animal Name \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Email Address \_\_\_\_\_

1. Do you live in a \_\_\_ house \_\_\_ apt \_\_\_ condo \_\_\_ mobile \_\_\_ other  
If "other", please explain \_\_\_\_\_  
How long at this address? \_\_\_\_\_
2. Do you \_\_\_ own or \_\_\_ rent? If renting, do you have the Landlord's permission to adopt this animal? \_\_\_ yes \_\_\_ no  
Landlord's Name \_\_\_\_\_ Landlord's Telephone \_\_\_\_\_
3. Will the pet be inside \_\_\_\_\_ or outside \_\_\_\_\_
4. When outside, how will the pet be protected? Fenced in yard \_\_\_\_\_ Kennel \_\_\_\_\_ Chained \_\_\_\_\_  
Dog House \_\_\_\_\_ Other Shelter \_\_\_\_\_
5. How will you handle your pet's exercise needs? \_\_\_\_\_
6. Hours per day pet will be left alone? \_\_\_\_\_
7. Is anyone in your household allergic to animals? \_\_\_ yes \_\_\_ no
8. Does everyone in your household know about and agree to the adoption of this pet? \_\_\_ yes \_\_\_ no
9. List all family members and ages. \_\_\_\_\_  
\_\_\_\_\_
10. Do you have other pets in the household? \_\_\_ yes \_\_\_ no. If yes, please list breeds and ages. \_\_\_\_\_
11. Are all of your pets current on their vaccinations? \_\_\_ yes \_\_\_ no \_\_\_ Are your pets on heartworm Preventative \_\_\_ yes \_\_\_ no \_\_\_\_\_
12. List your veterinarian \_\_\_\_\_ Telephone \_\_\_\_\_
13. Why do you want to adopt this animal? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Are you adopting this pet as a companion for yourself or another pet? \_\_\_\_\_
15. Is this pet intended as a gift for someone else? \_\_\_ yes \_\_\_ no  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_
16. List two (2) References with telephone numbers: \_\_\_\_\_  
\_\_\_\_\_
17. Animals require wholesome food, fresh & clean water, shelter, grooming, exercise and regular veterinary care (including vaccinations & sterilization). Are you prepared to fulfill these obligations? \_\_\_ yes \_\_\_ no

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18. Where/How did you find out about Friends of HB Animals? \_\_\_\_\_

19. Please add any additional comments or information that you feel would help us in considering your application. \_\_\_\_\_

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Under penalty of law, I swear these answers are true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Friends of HB Animals reserves the right to refuse any adoption!**