

**ADOPTION APPLICATION**

**APPROVE \_\_\_\_\_ DENY \_\_\_\_\_**

Date \_\_\_\_\_ Pet Name \_\_\_\_\_ Pet ID # \_\_\_\_\_ Adoption Counselor \_\_\_\_\_

We sincerely hope we can be of service to you. We ask that you fill out your application completely. The application is designed to help us determine if the adoption is in the animal’s best interest, and to assist the potential adopter in finding an animal most compatible with his or her lifestyle. We hope you will agree that the animal’s welfare must be our foremost consideration.

In order to be considered as an adopter today, you must meet the following requirements. Please initial each showing that you understand.

- Be at least 21 years of age.
- Have the knowledge and consent of all adults living in your house.
- Have verifiable identification.
- Understand that the FDLHS has the right to deny or accept your application.
- Realize that although we will give your application full consideration, we do not adopt on a first come, first serve basis. The animal will go to the family that can provide the *best* home.
- Understand that all current pets (dogs/cats) must be spayed/neutered, **BEFORE** bringing your new pet home.

**Please Print**

Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Spouse or Roommate’s Name w MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long At Present Address? \_\_\_\_\_

Previous Address, if Less Than 2 Years \_\_\_\_\_ How Long? \_\_\_\_\_

Area Code / Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

You live in: (check one) House \_\_ Apartment \_\_ Condo \_\_ Dorm \_\_ Other \_\_\_\_\_

You live with: (check one) Parents \_\_ Other \_\_ I rent \_\_ I own \_\_

Landlord’s Name and Phone \_\_\_\_\_ Verified \_\_\_\_\_

Staff Note:

Employer/Position Held? \_\_\_\_\_

**Personal References #1**

Name:	Address:	Phone:
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Staff Note:

**Personal Reference #2**

Name:	Address:	Phone:
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Staff Note:

Veterinarian’s Name/ Phone: \_\_\_\_\_

Staff Note:

**What types of pets have you owned in the past and present?**

Name	Breed	Age	Gender	Spayed/Neutered? If NOT, Why?	Still Own?

If you no longer have the above pet(s), please explain what happened to them: \_\_\_\_\_

Have you applied to adopt or adopted from the FDLHS before? Yes \_\_\_ No \_\_\_

It may take up to a month or longer for your new pet to adjust to other pets in its new home.

Are you prepared to allow it this much time? Yes \_\_\_ No \_\_\_

Does any member in the household have allergies to pets? Yes \_\_\_ No \_\_\_

How many members are in the household & ages? \_\_\_\_\_

Which member of the household will hold primary responsibility caring for your pets?

Feeding \_\_\_\_\_ Training \_\_\_\_\_ General Care \_\_\_\_\_

Was your entire family involved with selecting the new pet? Yes \_\_\_ No \_\_\_

Has anyone in your household ever been convicted of a charge related to cruelty to animals or child abuse?

Yes \_\_\_ No \_\_\_ Any charges pending? Yes \_\_\_ No \_\_\_

Please tell why you would like to adopt an animal from us?

Gift \_\_\_ Companion \_\_\_ To Breed \_\_\_ Mouser \_\_\_ for a child \_\_\_ Companion for Other Pet \_\_\_

Other \_\_\_\_\_

Have you ever brought an animal into a Shelter? Yes \_\_\_ No \_\_\_

If so, for what reason? \_\_\_\_\_

Where will your pet be kept during the day? \_\_\_\_\_ Night? \_\_\_\_\_

If adopting a cat, will your cat be exercising outdoors? Yes \_\_\_ No \_\_\_

Pets can live longer than 15 years; are you ready for this commitment? Yes \_\_\_ No \_\_\_

If adopting a cat, do you plan on declawing, if so why? \_\_\_\_\_

\*While FDL Humane Society doesn't have a policy on declawing. We don't deny applicants based on the desire to declaw, BUT weight, health, & age of the cat does have a deciding factor. Would you like more information? \_\_\_\_\_

What characteristics in a pet are you looking for? \_\_\_\_\_

Do you prefer a specific color/gender? \_\_\_\_\_

**By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that FDLHS has the right to deny my request to adopt an animal and I authorize investigation of all statements in this application.**

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

ALL INFORMATION CONTAINED IN THIS APPLICATION WILL REMAIN CONFIDENTIAL AND THE PROPERTY OF THE FDLHS.

**All cats MUST be in a carrier or suitable containment unit, before they can leave the shelter. Please provide adequate transportation for your new addition to your home; if you wish to purchase a cardboard carrier on arrival the price is \$5.00**

Approved Applicant Waiver

\*As a FDL Humane Society approved applicant, I understand that I will be handling animals. I understand that in handling animals I may undertake any number of risks. I understand that in assuming this I may be exposing myself to potentially significant health risks or serious medical conditions, including, but not limited to: injuries from bites and scratches. Infectious diseases, parasites, and allergic reactions (e.g. rabies, fleas, ringworm, and asthma).

\*Since many animals that come to the FDL Humane Society are from unknown backgrounds and are therefore ultimately unpredictable, I am thus aware that the FDL Humane Society is not in a position to know and makes no representations with the temperament, health or condition of any animal. In particular. I must rely on my own judgment and I understand and agree that by handling the animal, as an approved applicant I do so at my own risk.

\*Therefore, I agree to hold harmless, the FDL Humane Society, its employees, volunteers, agents, or directors, whether collectively or individually, for any injury or liability the animal(s) may cause to me. I further assume any and all liability for damages or to other person, which may be caused by any animal(s) while in my care as an approved applicant, and hold the FDL Humane Society harmless therefrom.

Please Print Name/Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Witnessed By: \_\_\_\_\_