



**FAITHFUL FRIENDS ANIMAL SANCTUARY**  
**220 GRACE CHURCH ROAD**  
**SALISBURY, NC 28147**  
 704-633-1722  
 faithfulfriendsnc.org

## ADOPTION APPLICATION

***Faithful Friends Animal Sanctuary reserves the right to decline an applicant for any reason without an explanation.***

In order to be considered for an adoption today, you must:

- Have the knowledge and consent of all adults living in your household
- Have a valid ID with current address
- Have your landlord's name, telephone number and copy of lease

| ADOPTER'S INFORMATION                        |  |                             |  |
|--|--|-----------------------------|--|
| Name   |  | Age                         |  |
| Home Address<br><small>(no P.O. Box)</small> |  | Home Phone                  |  |
|  |  | Cell Phone                  |  |
| E-mail                                       |  | Drivers License # and State |  |

| PET INFORMATION  |
|--|
| What type of pet are you looking for?      Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large<br><input type="checkbox"/> Dog OR <input type="checkbox"/> Cat <input type="checkbox"/> Male OR <input type="checkbox"/> Female <input type="checkbox"/> Adult OR <input type="checkbox"/> Puppy / <input type="checkbox"/> Kitten |
| Do you want this pet for?<br><input type="checkbox"/> Companion <input type="checkbox"/> Protection <input type="checkbox"/> Breeding <input type="checkbox"/> Gift <input type="checkbox"/> Other _____   |
| This pet will be without human companionship for about _____ hours per day / _____ days per week   |
| Where will your pet be kept during the day? (check all that apply) <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors<br><input type="checkbox"/> Dog pen <input type="checkbox"/> Crate <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Other _____  |
| Where will your pet be kept during the night? (check all that apply) <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors<br><input type="checkbox"/> Dog pen <input type="checkbox"/> Crate <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Other _____  |
| Do you plan to let your cat outdoors? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, how often?  |
| Do you prefer a declawed cat? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Where do you live?<br><input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Trailer <input type="checkbox"/> Other _____   |
| Do you <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with parents<br>Landlord's Name: _____ Phone #: _____  |

| <b>PET INFORMATION (Continued)</b>  |  |
|---|--|
| Does your landlord allow pets? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know   |  |
| Deposit required? <input type="checkbox"/> Yes <input type="checkbox"/> No   Amount \$ _____  |  |
| Monthly rent increase? <input type="checkbox"/> Yes <input type="checkbox"/> No   Amount \$ _____   |  |
| Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| If fenced, describe the height and type: _____  |  |
| Please provide the following information about your household.      Number of adults: _____   |  |
| Number of children and their ages: _____  |  |
| What other pets (include pet's name)? _____   |  |
| Is anyone in your family allergic to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cats <input type="checkbox"/> Dogs  |  |
| What will you do with your pets if you move?  |  |
| How much do you anticipate spending yearly to feed, vaccinate and provide medical care for your pet?  |  |
| Would you be willing to allow a representative from Faithful Friends Animal Sanctuary to visit your home before the adoption is completed? <input type="checkbox"/> Yes <input type="checkbox"/> No             |  |
| What pets have you owned in the last ten years and what has happened to them? (List by pet's name)  |  |
| Who is, or was, your veterinarian for the pets listed above.  |  |
| Name: _____ Phone #: _____  |  |
| Do you realize that a dog or cat may live 15 or more years? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved. Are you prepared to allow this much time? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| How do you plan to house-train your dog?  |  |

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing the privilege of adopting a pet. I authorize investigation of all statements on this Application.

**ADOPTER**

**FAITHFUL FRIENDS ANIMAL SANCTUARY**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title