



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 <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 <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? <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 <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 <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? <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 Landlord's Name: _____ Phone #: _____

PET INFORMATION (Continued)	
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