



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>	<i>(Street)</i>	Home Phone	
	<i>(City, state, zip)</i>	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"/> Live with parents <input type="checkbox"/> Own <input type="checkbox"/> Rent <i>(enter landlord's name/phone #)</i> Landlord's Name: _____ Phone #: _____

PET INFORMATION (Continued)				
Does your landlord allow pets? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know				
Pet deposit required? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____				
Monthly rent increase per pet? <input type="checkbox"/> No <input type="checkbox"/> Yes 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: _____				
Pet	Pet's Name	Veterinarian	Vet Phone #	
1)				
2)				
3)				
Is anyone in your family allergic to animals? <input type="checkbox"/> No <input type="checkbox"/> Yes <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 (<i>not listed above</i>):				
Pet	Pet's Name	What Happened to Pet	Veterinarian	Vet Phone #
1)				
2)				
3)				
4)				
5)				
A dog or cat may live to be 15 years old or older. Are you prepared to care for your pet for that long? <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

Date

Signature

Print Name

FAITHFUL FRIENDS ANIMAL SANCTUARY

Date

Signature

Print Name

Title