

Employee's name that showed dog \_\_\_\_\_



## Dog Adoption Application

Please read ENTIRE cover sheet before completing our application.

Name of the animal you are applying for: \_\_\_\_\_

Age/Breed: \_\_\_\_\_

Have you visited this pet? Yes or No

If so, when was the first visit? \_\_\_\_\_

Date of this application: \_\_\_\_\_

Welcome to Fuzzy Friends Rescue. We are excited to have you here and thrilled you are interested in adopting one of our healthy and happy animals!

Please answer each question COMPLETELY and HONESTLY.

If any information is left blank, we will be unable to review your application. If you are approved to adopt the pet you are applying for, this application will become a part of your permanent adoption file.

Please understand that not all families and dogs/cats are compatible. We make every effort to match our animals' personality traits with characteristics in which you have said you desire. Our goal is to match happy adopters with happy, healthy pets. We strive to place our animals in the best possible home.

**\*\*\*Fuzzy Friends Rescue has the right to deny adoption of any animal to anyone for any reason.\*\*\***

**COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ADOPTION OF A PET FROM OUR RESCUE.**

### **In order to be considered as an adopter, you must:**

- Be 21 years of age or older.
- Have a valid driver's license or other photo ID showing your present address.
- Be able to verify that you can have a pet where you live if renting or living in someone else's home.
- Be willing to accept financial responsibility necessary to provide the proper care for your adopted pet for its lifetime.

### **In order to be considered as an adopter of a puppy, you must:**

- Have a minimum of 2 years veterinary history with your current or previous pet.

**IF YOU OWN A BUSINESS, WE WOULD LOVE TO ADVERTISE YOUR COMPANY,  
SO PLEASE LEAVE US A BUSINESS CARD!**

# Fuzzy Friends Rescue Adoption Application

Name: \_\_\_\_\_ DL: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Please circle preferred number  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_  
Email address: \_\_\_\_\_ Would you like to receive our weekly newsletter?  Yes  No  
Check all that apply:  Student  Employed  Retired  Disabled

## Application Questions

Description of residence:  House  Mobile Home  Duplex  Condo  Apartment  
 Other (please describe): \_\_\_\_\_ Do you:  Own  Rent  Other  
IF YOU RENT, the property owner/manager is: \_\_\_\_\_ Phone: \_\_\_\_\_  
Does your landlord allow pets?  Yes  No Do you have a size or weight limit?  Yes Limit: \_\_\_ lbs.  No  
Is a pet deposit required?  Yes  No Has it been paid?  Yes  No Can proof be obtained?  Yes  No

What is the length of time at your current residence: \_\_\_\_\_  
Do you live with your parents?  Yes  No Do you live with a non-relative?  Yes  No  
Number of people in your household: Adults \_\_\_\_\_ Children \_\_\_\_\_ Ages \_\_\_\_\_  
Have all members of the household, including children, visited with the pet you are applying for? \_\_\_\_\_  
If you do not have children, do any young children/grandchildren visit your home frequently? \_\_\_\_\_  
Does anyone in the home have asthma or breathing difficulties? \_\_\_\_\_  
Are you willing to let a Fuzzy Friends representative visit your home? \_\_\_\_\_  
Who will support this dog financially? \_\_\_\_\_ Who will be the primary caregiver for the dog? \_\_\_\_\_  
How long have you considered adopting a pet? \_\_\_\_\_  
What attracted you to this dog? \_\_\_\_\_

How will you handle the dog's exercise and toilet duties? \_\_\_\_\_  
Does your home have a dog/cat door?  Yes  No Door goes  to outside  to garage  other \_\_\_\_\_  
Do you have a fence?  Yes  No if yes, please describe, including the type of gate and what area is enclosed:  
\_\_\_\_\_

How much time will the dog spend inside versus outside? \_\_\_\_\_  
How much of the outside time will be supervised? \_\_\_\_\_  
Is there shelter available outside?  Yes  No If yes, please describe: \_\_\_\_\_  
When outside, how will the dog be kept secure (from escaping or from predators such as hawks, coyotes, etc.)?  
\_\_\_\_\_

Does your home have a pool?  Yes  No It is  above ground  in ground  covered If you have a pool what safety  
plan do you have for your new pet? (Please describe) \_\_\_\_\_  
On average, how many hours will this animal spend alone each day? \_\_\_\_\_  
Where will this dog stay when you are not home? Daily? \_\_\_\_\_ Overnight travel? \_\_\_\_\_  
Where will this animal sleep at night? \_\_\_\_\_  
What reasons would you give up a pet? This will help us match you with a pet that will meet your expectations.  
(Please note how severe the problem would have to be to lead to relinquishing the pet, i.e. vet bills over  
\$100/\$1000/\$10,000.) \_\_\_\_\_

Dogs can live to be in their 20s, depending on the breed; given the dog's current age, do you anticipate being able to  
care for the dog for its entire life?  Yes  No  
If you become unable to care for this pet (due to death, severe illness, loss of income, change in living conditions,  
etc.) what would you do with him or her? \_\_\_\_\_

## Pet Ownership History

Have you ever adopted a pet before?  Yes  No If yes, where from? \_\_\_\_\_

Have you ever had to give up a pet?  Yes  No If yes, why? \_\_\_\_\_

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Please let us know what pets you currently have in your household:

Type: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed:  Yes  No

Type: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed:  Yes  No

Type: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed:  Yes  No

Type: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed:  Yes  No

Type: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed:  Yes  No

Type: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed:  Yes  No

Please tell us about your previous pets (within the last 10 years) and how long ago you had them:

-Type: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed:  Yes  No

What happened to it and how long ago? \_\_\_\_\_

-Type: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed:  Yes  No

What happened to it and how long ago? \_\_\_\_\_

-Type: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed:  Yes  No

What happened to it and how long ago? \_\_\_\_\_

-Type: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed:  Yes  No

What happened to it and how long ago? \_\_\_\_\_

-Type: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed:  Yes  No

What happened to it and how long ago? \_\_\_\_\_

-Type: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed:  Yes  No

What happened to it and how long ago? \_\_\_\_\_

Where did you hear about Fuzzy Friends? \_\_\_\_\_

I have read and understand the entire application and by signing, I understand that FFR has the right to deny any application for any reason and reasons for denial will not be given. I am aware that there may be multiple applications on the animal I am interested in. FFR receives applications from multiple areas including fax, internet, and offsite. I certify that the above information is correct. I understand that false information may result in nullifying this adoption.

By signing this application, I am certifying that I am at least 21 years of age and intend to be the legal owner and person responsible for the care and well-being of this animal. I give representatives at Fuzzy Friends Rescue permission to contact my veterinarian, references and landlord in order to process this application. I also agree that I (we) will keep our animals current on vaccines and current on monthly heart worm prevention.

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

If I am approved to adopt, I understand that if for any reason this dog does not work out in my home, that I will contact Fuzzy Friends immediately. I will not give the dog away to anyone (except as previously specified on this application), nor sell him/her, but will contact FFR immediately for guidance.

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

## Veterinary Reference

To speed up the processing time for the application, please provide us with copies of the veterinary records for your current/recent pets listed on the application. Records can be dropped off in person, emailed to [volunteer@fuzzyfriendsrescue.com](mailto:volunteer@fuzzyfriendsrescue.com) or faxed to 254-754-9959.

Alternately, we can attempt to contact the veterinarians to obtain records. Be advised that this could add several business days to the processing time.

Please list the veterinarians you have used for preventive care (vaccines, heartworm/flea prevention):

Veterinary practice name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name records are under \_\_\_\_\_

Veterinary practice name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name records are under \_\_\_\_\_

Veterinary practice name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name records are under \_\_\_\_\_

Please list the veterinarians you have used for other medical care, (if different from above):

Veterinary practice name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name records are under \_\_\_\_\_

Veterinary practice name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name records are under \_\_\_\_\_

Veterinary practice name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name records are under \_\_\_\_\_

Are all the dogs/cats in your household spayed or neutered?  Yes  No

If no, why not? \_\_\_\_\_

Are all the dogs/cats in your household current on core vaccinations?  Yes  No

If no, why not? \_\_\_\_\_

Are all the dogs in your household on heartworm prevention?  Yes  No

If no, why not? \_\_\_\_\_

If yes, what kind, and where is it purchased? \_\_\_\_\_

When was the last dosage given? \_\_\_\_\_

Please tell us what you know about the causes of heartworms: \_\_\_\_\_

When/why was your last Vet visit? \_\_\_\_\_

Release for Veterinary reference: I, \_\_\_\_\_, hereby give permission for any veterinarian providing service to me to release medical information on any/all of my animals to Fuzzy Friends Rescue, including the pet I'm adopting at this time for follow-up purposes in the case of existing conditions or simply well check and heartworm prevention status.

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


