

Furry Friends Rockin' Rescue, Inc.

<https://www.facebook.com/furryfriendsrockinrescue>

Helping animals in need

Rescue Foster Sponsor Adopt

Pre-Adoption Application

Date: ___/___/___

Adoption Coordinator: _____

Foster: _____

Please Print

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email _____

Place of employment: _____

Name of animal you are interested in adopting _____

Why do you want to adopt an animal? _____

How long have you been looking for a pet? _____

What is it about this animal that appeals to you? _____

Who will be the primary care giver for this pet? _____

Does anyone in your home have allergies (pets)? _____

Have you adopted from any other rescue or shelter in the past? If yes, which agency? _____

Number of people in your household (including children's ages): _____

Is everyone in the family in agreement with the pet you want to adopt? _____



Are you aware of the financial obligation involved in having a pet? _____

If your pet becomes sick, how much would you be willing to spend? _____

Are you aware that this animal will require routine vet care including (but not limited to) annual examinations and vaccinations? _____

Do you agree to obtain required annual vaccinations? _____

If the pet you are adopting is not house trained, what method will you use to help the pet succeed? _____

Are you prepared for this pet to have accidents in your home? _____

As an adult have you ever been a pet owner? _____

Do you have any dogs and/or cats at home now? _____

1. Age ___ Breed _____ Sex ___ Licensed _____ Vaccinated _____
Temperament _____
2. Age ___ Breed _____ Sex ___ Licensed _____ Vaccinated _____
Temperament _____
3. Age ___ Breed _____ Sex ___ Licensed _____ Vaccinated _____
Temperament _____

Are your pets spayed or neutered? _____

****Some cities may require a city license for two or more animals****

Name of vet and phone number _____

Additional pets should be listed after "Additional Comments" section.

Have you had other pets in the past five years? _____

1. Age ___ Breed _____
 2. Age ___ Breed _____
- What happened to them? _____

Do you: rent/lease _____ or own _____.

If you rent, is your lease monthly _____ or yearly _____.

Name of complex and/or association: _____

PET POLICY: please attach a copy _____

How long have you been at this address? _____

Name of Landlord and phone number: _____

If you had to move, what would you do with your pet? _____



Do you intend to keep this animal inside, outside, or both? _____

Do you have a fenced in yard? _____

If yes, please explain what type and is the whole yard fenced in? _____

If there is no fence, please explain how you plan to contain, allow for bathroom breaks, exercise, etc the pet you are adopting? _____

Where will this animal sleep at night? _____

How many hours per day on average will this animal be left alone? _____

Where will this animal stay while you are gone to work, weekend trips, holiday/vacation? _____

Are you familiar with animal regulations in your city? _____

Are you willing to make a commitment to provide for this animal for its entire life span? _____

Do you have a history of human or animal abuse or been convicted of a crime against either? _____

If yes, please explain: _____

If you are unable to keep this animal for any reason during its lifetime, we require that you contact Furry Friends Rockin' Rescue, Inc.

References
(a non-relative)

Name: _____ Phone: _____

Name: _____ Phone: _____

I, _____, understand that a home visit may be conducted prior to placement of this animal.

Signature(s): _____

Date: _____

Staff Signature: _____

Additional Comments: