

Adoption Application Form

Applicant's Name: _____

Applicant's Contact Information:

Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ May we call you at work? Yes / No
E-mail: _____

Applicant's Additional Information:

Occupation: _____

Do all the members of your family know that you plan to adopt? Yes / No

Are you at least 18 years old? Yes / No If you are under 18, please provide the following:

Guardian's Name: _____

Guardian's Phone Number: _____

Do you own your home? Yes / No

Note: If you are living with parents or relatives you are to be considered renting.

Do you have a fenced yard? Yes / No

If you rent or board, please provide the following:

Landlord's Name: _____

Landlord's Phone Number: _____

How many adults in your household? _____ Children? _____

If there are children, what are their ages? _____

Is anyone in your house have any allergies to animals? Yes / No

If Yes, please describe: _____

Who will be the animal's primary caretaker? _____

How many hours a day will your animal spend alone? _____

Where will your animal spend his or her days? _____

If the animal is a cat:

Will your cat be allowed outdoors? Yes / No / Not Sure

Will you declaw your cat? Yes / No / Not Sure

If you move, will you take your pet with you? Yes / No / Not Sure

Can you afford medical care, including yearly vaccination updates? Yes / No / Not Sure

What will you do if your animal damages your furniture?

What will you do if your animal bites or scratches someone?

Applicant's Name: _____

Please provide information about all pets you currently have (please include the name, species and how long you have had the pet or pets):

Please provide information about pets you have had in the past (please include the name, species and how long you had the pet or pets):

Current Veterinarian's Name:

Location:_____ **Phone:**_____

Please provide 2 references (friends, neighbors, coworkers, etc.) These people should not be related to you and should have known you for at least 1 year.

Name:_____ **Phone:**_____

Relationship:_____

Name:_____ **Phone:**_____

Relationship:_____

The information I have provided in this application is true. I understand that any misrepresentation of the facts may result in my losing adoption privileges.

It is possible that the animal you are adopting has been exposed to canine and feline diseases that may not show symptoms immediately. There is even a chance that an animal can carry a disease that is transmittable to people. It is imperative that you make an appointment for your new pet with your veterinarian as soon as possible.

I hereby release FOBA and its agents of any liabilities related to the adoption of this pet.

Applicant's Signature: _____

Date: _____

FOBA reserves the right to deny any application without explanation. All decisions are final.

FOBA OFFICE USE ONLY

Applicant's Name: _____

Date:_____ **Animal's Name/ID:**_____

Approved: _____ **Denied:** _____

Landlord: OK / NG Comments:

Ref #1: OK / NG Comments:

Ref #2: OK / NG Comments:

Vet: OK / NG Comments:

Name of FOBA representative completing this form:
