

Pet Adoption Application

Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ State _____ Zip _____ Cell Phone _____
E-Mail Address: _____ Spouse Name: _____

LOCAL Personal References: (if possible please list one relative not living with you)

1) Name _____ Phone _____ Relationship _____

How did you hear about FAITH, PHEE AND BUTTERBEE FOUNDATION?

Name of pet you want to adopt _____ or _____

To ensure that this adoption is in the best interest of both you and the pet you selected, we ask that you answer the following questions:

- 1) Do you live in (select one): House ___ Apartment ___ Condo/Townhome ___ Trailer ___ Other ___
 - 2) Do you: Own ___ Rent/Lease ___ Name of Complex & Office Phone # _____
 - 3) Are you planning to move in the next six months? Yes ___ No ___
 - 4) What will happen to this pet when you go on vacation or in case of an emergency? _____
 - 5) How many hours during the average day will your pet be without a human? _____
 - 6) Do you want this pet to be (select one): Inside only ___ Outside only ___ Both ___
 - 7) Where will this pet be kept during the day? Loose Indoors ___ Confined Area ___ Crate ___
Loose Outdoors ___ Tied Up Outside ___ Kennel Run ___
 - 8) Where will this pet be kept at night? _____ When you're not home? _____
 - 9) Does your home have a dog door? Yes ___ No ___
 - 10) Do you have a fenced-in back yard? Yes ___ No ___
 - 11) If your yard is fenced be sure to check for gaps and weaknesses in the fencing before bringing your pet home.
If you are adopting a large dog consider if your fence is tall enough (6 ft).
 - 12) Does your gate have a lock? Yes ___ No ___ If not could one be put on? _____
(Gates should always be locked so the pet cannot be let loose by neighborhood kids or utility service people.)
 - 13) If there is no fenced yard how will you exercise a dog? _____
 - 14) If the yard is not fenced who will walk a dog and how often will you take the dog out? _____
- _____
15) Do you have any dangerous plants like Aloe Vera, Elephant Ears, Sago Palm, Azalea, Lilies, etc.? Yes ___ No ___
- 16) Please tell us why you would like to adopt a pet: companion ___ gift ___ Guard dog ___
Personal Protection ___ Child's Companion ___
- 17) I am adopting this pet for (check all that apply): myself ___ spouse ___ children ___ gift ___ other ___ (please explain)

18) Please list below all the people your pet will be living with (including yourself):

Name	Age	Relationship to prospective adopter
_____	_____	APPLICANT
_____	_____	_____
_____	_____	_____

(OVER)

- 19) Did your entire family agree on the adoption of this one pet? Yes ___ No ___
- 20) Will the whole family share in the care of this pet? Yes ___ No ___
- 21) Is there any member of your household who is allergic to dogs? Yes ___ No ___ Cats? Yes ___ No ___
- 22) Are there any children that visit your home frequently? Yes ___ No ___ If Yes, ages: _____
- 23) Are there any regular visitors to your home, human or animal, with which your new pet must get along?
 Yes ___ No ___ If Yes, Describe: _____

Do you have any other pets living with you now? Yes ___ No ___ If Yes, please list below:

Type (dog, cat, etc.)	Breed	Neutered/ Spayed	Owned for how long?	Taking Heartworm/Flea Preventative?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

24) Have you had pets in the past? Yes ___ No ___ If Yes, please list below:

Type (dog, cat, etc.)	Breed	Neutered/ Spayed	Owned for how long?	Where is the pet now? (If dead, explain below:)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pet(s) died of: _____

25) Do you have a regular veterinarian? Yes ___ No ___

Clinic name, address, and phone number _____

26) May we have your permission to request information from your veterinarian? Yes ___ No ___

27) How often do you feel a pet should see a veterinarian? _____

28) What do you know about heartworms? _____

29) What will you feed your new pet? _____

30) What kind of behavior do you find unacceptable? _____

31) Who will be responsible for house training and obedience training? _____

31) If the pet has problems with behavior what will you do about it? _____

I certify that the above information is true and understand that false information may result in nullifying this adoption.

Applicant's Signature _____ Date _____

Email completed application to: mary@marydore.com 281-883-7532 questions

WE RESERVE THE RIGHT TO REFUSE AN ADOPTION!

The Adoption Fee covers the cost of spaying or neutering, vaccinating, worming, testing and treating for heartworms, medication, and micro-chipping. The Adoption Fee is payable when the adoption is approved.

~~~~~ ADOPTION STAFF ONLY ~~~~~

Adopter's Driver's License # \_\_\_\_\_

Comments: \_\_\_\_\_

Results (select one) A \_\_\_ D \_\_\_ Staff: \_\_\_\_\_ Date \_\_\_\_\_