



Application to Adopt

Date *

In order to be considered for an adoption of a cat or dog, you must:

1. Be at least 18 years old and provide valide picture identification.
2. If you rent, provide documentation verifying approval from landlord allowing pets and confirmation that you have paid any pet deposit required.
3. Understand that we reserve the right to deny any adoption for any reason or verify any information on this questionnaire before allowing the adoption of any pet.
4. Understand that although SCFOA tries to ensure all animals are healthy when adopted, it does not guarantee the health of any pet adopted.

Pet ownership is a major responsibility and one that should not be taken lightly. To assist us in finding the best possible home for all the animals, please take the time to fill out this questionnaire and expect to spend some time discussing it before the adoption is complete.

PLEASE PRINT CLEARLY

Name(s) of pet(s) wishing to adopt (if unknown, enter "unknown") *

Name *

First Name

Last Name

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number *

Area Code

Phone Number

Email *

example@example.com

How long at this address *

If less than 6 months, previous address

Do you live in a *

House

Apt/Townhouse

Mobile Home

Do you *

Rent

Own

Do you currently have any other pets? *

Yes

No

If Yes

Type

Age

Spayed/Neutered

Animal 1

Animal 2

Animal 3

Animal 4

Are there children in your household *

Yes

No

If YES, please list ages

Why do you want to adopt a pet today *

Does everyone in your household know you are adopting a pet *

Yes

No

Not Applicable (I live alone)

Have you adopted an animal from FOA before *

Yes

No

Do you still have the animal

Yes

No

Have you ever surrendered an animal and if so, please explain *

How long do you plan on keeping this pet? *

Are there any circumstances you would be unable to keep this animal? If "Yes", please explain *

Are you aware pets need regular vaccinations and require other routine care? *

Yes

No

Are you financially able to provide care for this pet if they should become sick? *

Yes

No

Name of your Veterinarian *

Who will care for your pet should you have to travel for a few days? *

Do you plan to put identification on your pet (collar or chip)? *

Yes

No

What will you do if your new pet develops behavioral problems? *

Where will your new pet stay during the day? At night? (Please answer both) *

Cats only: Will your new pet be allowed outdoors? *

Do you plan to de-claw your pet? *

If "yes" please explain.

Dogs only: Do you have a fenced yard? *

How high is the fence? *

How many hours per day will the dog be alone? *

Do you have plans for training your new pet? *

Do not write below this line... to be completed by FOA volunteer

Identification:

Type:

Expiration Date:

Birth Date:

Address matches?

If no, address:

Rental Agreement reviewed?

Paid Deposit Proof Reviewed?

Approved

Denied

Reason:

Volunteer Completing Application:

Foster/Owner Name:

Animal Name: