| | <u> </u> | |
|------------------------------------|----------|--------------|
| furry friends of the foothills | | Date & Time: |
| Pet Rescue, Inc | | |
| P.O. Box 850 | | |
| Yadkinville, NC 27055 | | |
| fffineB vtkcf (tt@qo | | |
| www.furryfriendsofthefoothills.qti | | |
| | | |
| | | 0 |

Furry Friends Dog Adoption Application

| Dog's Name: | | | |
|---|-----------------------------|------------------------|----------------------------------|
| Name: | | | |
| Address: | City | State | Zip |
| County: | | | |
| Home Phone: | Cell Phone: | Work pho | ne: |
| E-Mail Address (Please write clearly):_ | | | |
| Place Of Employment: | | | |
| Drivers License/State ID number: | | | |
| Do you live in a: House Apartmen Do you: Own Rent | t Trailer Town Ho | me | |
| If you rent what is your landlord's nan | ne and phone number?_ | | |
| Are you In the process of moving, or a | inticipate moving in the r | next few months? Y | Ν |
| Do you live with your parents? Y | Are you 18 years o | fage or older? Y N | |
| How did you hear about us? Newspap Twitter Friend/Family Member [please specify location] Why are you choosing to adopt from t | Petfinder.com Wins Other | ton Salem Craigslist | Offsite location |
| What other places have you visited where | hen looking for a pet? Pe | et Store Newspaper | Other shelter (s) |
| | <u>ADOPTIOI</u> | N INFORMATION | |
| What is your past and/or current expe 1 st time owner Have had 1 or 2 dc | | | |
| | n resolving behavior issue | | |
| What kind of characteristics are you lo | ooking for in a dog/puppy | ? Why are you adopting | ng an animal? |
| Have you adopted from the Furry Frie What activities do you want to do wit | | | here is the pet now? |
| | | | |
| Have you ever surrendered or given a | way any pet to an anima | welfare group, private | rescue or individual person? Y N |

Have you ever surrendered or given aw If so, please explain the circumstance:

What are some reasons you would relinquish this dog back to the Furry Friends of the Foothills, e.g. human aggression, animal aggression, housetraining problems, excessive chewing, separation anxiety, moving, having a baby, cannot afford any longer, etc.?

| | PREVIOUS AND | PREVIOUS AND CURRENT PET INFORMATION | | |
|--|-------------------------|--------------------------------------|----------------------|---------------------|
| Have you ever had a pet: Run away If so, please explain: | - | Die in your care | Kept as an outdoor I | pet |
| Have you ever: Given/sold an animal to a rescue or other animal welfare so If so, why? | ociety (please list the | organization(s))? _ | - | |
| What pets do you currently have or l | have had in the past | THREE years in you | ır household? | |
| | | | | |
| | • | • | • • | • |
| Are your pets spayed/neutered? Y Who is your veterinarian? | N Were previous | s pets spayed/neute | red?Y N If no, F | lease explain why? |
| Are your pets spayed/neutered? Y Who is your veterinarian? Please provide their address and pho Would the records be under another | N Were previous | s pets spayed/neute | red?Y N If no, F | lease explain why? |
| Are your pets current on vaccinations Are your pets spayed/neutered? Y Who is your veterinarian? Please provide their address and pho Would the records be under another If so, please provide the full name: Do you have other veterinarians that address and contact information: | N Were previous | e one provided on th | red?Y N If no, F | lease explain why? |
| Are your pets spayed/neutered? Y Who is your veterinarian? Please provide their address and pho Would the records be under another If so, please provide the full name: Do you have other veterinarians that | N Were previous | e one provided on th | red?Y N If no, F | Please explain why? |

Please list the names and ages of all people living in the home and their relationship to you (Spouse/Partner/Roommate/Daughter)? Failure to fully disclose this information will result in immediate adoption denial.

| Name and Age: | Relationship: |
|---|---------------------|
| Name and Age: | Relationship: |
| Do children (not in the immediate family) ever visit your home?Y Age(s) of the children: | N If so, how often: |
| Does anyone in the household have allergies to any kind of animals getting an animal? Y N If YES, are they taking medication? Y | · · · |
| | |

Are you In the process of moving, or anticipate moving in the next few months? Yes No

How would you describe your household? Active Noisy Quiet Average

Do you have a fenced in yard? Y N If yes, describe the area and the fence: ______

NEW PET INFORMATION

Please understand that it may take a new dog <u>2 weeks or more</u> to adjust to a new home and/or to other pets and visitors.

| Where will you keep this dog? (Check ALL that apply) Free run of ho | use Crate in house Inside Dog |
|---|---|
| Outside Dog Inside/Outside dog In Garage Yard with a fen | ce Basement |
| Other (Please explain) | |
| Where will the dog be kept during the day? | At night? |
| How many hours will it spend alone? | |
| Where will it be kept when its alone? | |
| Would you consider using a crate to confine your new dog? Y N | How long will the dog possibly be crated daily? |
| Why do you want a dog? (Check ALL That apply) House Pet Guard | d Dog Breeding Companionship |
| Travel Companion Gift for friend or relative Other (Please exp | lain) |

I certify that I have read this questionnaire and that all information I have given is true and accurate, and that I understand that any falsification may result in the nullification of an adoption.

Signature

Printed Name

Date

PLEASE REMEMBER: We get NO COUNTY, STATE OR FEDERAL FUNDING. We operate solely on DONATIONS and ADOPTION INCOME!

**Please do not be discouraged if you we do not contact you as we receive many Qualified applications and do not work on a first come first serve basis. We place all Furry Friends in homes best suited for their needs.
**Would you like to be placed on our Pets Wish List? If so please let us know what type breed/mix male or female and age

range and we will contact you when ever we have that specific Furry Friend available.

Furry Friends of the Foothills reserves the right to deny any adoptions

NOTES (for staff use only):

| | FOR OFFICE STAFF ONLY (plea | ase initial and date) | |
|------------------------|---|-------------------------|-----------------------------------|
| Adoption Counselor(s): | | | |
| DNA Check | Home ownership/Landlord Approval | Vet Check | ID Check |
| Family Verification | Meet & Greet Read behav | ior evaluation R | ead all relevant previous history |
| from memopad P | rinted and reviewed health records Do | og License Mic | rochip Check |
| Areas of emphasis that | were counseled for this pet: Indoor/Outdoor c | oncerns Vet con | cerns Crating K |
| restrictions An | mal Restrictions Work schedule | Pet's activity level/ex | ercise needs Medical |
| conditions Oth | er | | |