



## DOG ADOPTION APPLICATION

The following information will help us assist you in the selection of a new pet. ***The animals' welfare is our foremost consideration.*** The consultation process is designed to help us assist you in finding the animal most compatible with your lifestyle. There is an adoption fee which we will collect at the time you take your pet. This money helps to cover a small portion of the cost we incur in caring for each animal in our care.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

### What best describes your street location:

City: \_\_\_\_ Busy Traffic: \_\_\_\_ Residential: \_\_\_\_ Slight thru Traffic: \_\_\_\_ Very Little Traffic: \_\_\_\_

Do you live in: House: \_\_\_\_ Condo/Townhouse: \_\_\_\_ Apartment: \_\_\_\_

Do you: Rent: \_\_\_\_ Own: \_\_\_\_

***(If rent is checked, we will need to obtain a copy of the lease stating it's ok to have pets or a notarized letter from your landlord)***

Landlord's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Landlord's address: \_\_\_\_\_

Number of adults (18 years +): \_\_\_\_ Number of children (under 18 years): \_\_\_\_ Ages: \_\_\_\_

### Please check all that apply to your family's lifestyle:

Very Active/On the go: \_\_\_\_ Quiet/relaxed: \_\_\_\_ Noisy/lots of visitors: \_\_\_\_

Travel frequently: \_\_\_\_ Entertain frequently: \_\_\_\_ Kids have friends over frequently: \_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**You will need a photo ID, such as a driver's license.** DL# \_\_\_\_\_

PERSONAL REFERENCE - **MUST NOT** be a relative or live in the same household:

#1 \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

#2 \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you have any preference to breed type, sex, size, length of hair? Yes: \_\_\_ No: \_\_\_

If yes, explain: \_\_\_\_\_

Is there a specific dog that you're interested in? \_\_\_\_\_

**Desired Age:** No preference: \_\_\_ 10+ senior: \_\_\_ 3 years sensible adult: \_\_\_

1-3 yrs. energetic young adult: \_\_\_ 4-12 months child/teenager: \_\_\_ 2-4 months toddler: \_\_\_

**Desired Characteristics:** Active: \_\_\_ Calm: \_\_\_ Playful: \_\_\_ Outgoing: \_\_\_ Reserved : \_\_\_

Do any members of your household have allergies? Yes: \_\_\_ No: \_\_\_

(Please Specify) \_\_\_\_\_

If you have children or plan to extend your family are you comfortable with the possibility of a child being bitten, scratched or knocked down by an animal? Yes: \_\_\_ No: \_\_\_

Is this your first experience with a pet? Yes: \_\_\_ No: \_\_\_

How many pets do you have now? Dogs \_\_\_ Cats: \_\_\_ Other: \_\_\_\_\_

How many pets in the last 10 years? Dogs \_\_\_ Cats: \_\_\_ Other: \_\_\_\_\_

Have you ever adopted an animal from FOWA before? No: \_\_\_ Yes: \_\_\_

If yes, please specify: \_\_\_\_\_

**Please list any pets you now have or have had in the past 10 years:**

<u>Name / Type/Breed</u>	<u>Age</u>	<u>Sex</u>	<u>Spay/neutered</u>	<u>Why you no longer have</u>
_____	___	M ___ F ___	Yes ___ No ___	_____
_____	___	M ___ F ___	Yes ___ No ___	_____
_____	___	M ___ F ___	Yes ___ No ___	_____
_____	___	M ___ F ___	Yes ___ No ___	_____

Are your current pets up to date with shots? Yes: \_\_\_ No: \_\_\_

If no please explain: \_\_\_\_\_

Are your current pets licensed in you town? Yes: \_\_\_ No: \_\_\_

If no please explain \_\_\_\_\_

**VETERINARIAN CONTACT INFORMATION:** This is for a veterinarian you are currently using or have used with a past animal in your care.

Vet Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Where will your dog stay during the day?

Inside (house): \_\_\_\_ Inside (garage/porch): \_\_\_\_ Outside: \_\_\_\_ Both: \_\_\_\_ Other: \_\_\_\_

If other, please specify: \_\_\_\_\_

Where will your dog stay at night? Inside (house): \_\_\_\_ Inside (garage/porch): \_\_\_\_ Outside: \_\_\_\_

Both: \_\_\_\_ Other: \_\_\_\_ If other, please specify: \_\_\_\_\_

Is anyone home all day? Yes: \_\_\_\_ No: \_\_\_\_

Have you ever brought an animal to a shelter? Yes: \_\_\_\_ No: \_\_\_\_

If other, yes specify: \_\_\_\_\_

Are you financially prepared to give your new pet routine & ER medical care?

Yes: \_\_\_\_ No: \_\_\_\_

Would you object to a visit from a FOWA representative? Yes: \_\_\_\_ No: \_\_\_\_

Do you have contingency plans in place for your new dog if something were to happen to you?

Yes: \_\_\_\_ No: \_\_\_\_ Please specify: \_\_\_\_\_

Do you want the dog for a: (*check all that apply*)

House Pet: \_\_\_\_ Guard Dog: \_\_\_\_ Watch Dog: \_\_\_\_ Companion: \_\_\_\_

Gift: \_\_\_\_ Breeder: \_\_\_\_ Companion for another pet: \_\_\_\_ Other: \_\_\_\_\_

How will you keep your dog confined to your property? (*check all that apply*)

In Home: \_\_\_\_ Kennel: \_\_\_\_ Fenced Yard: \_\_\_\_ On Chain: \_\_\_\_ Garage: \_\_\_\_

Patio: \_\_\_\_ On Leash: \_\_\_\_ Other: \_\_\_\_\_

How much time will your pet be alone (without human companionship)?

Hours: \_\_\_\_ Days p/week: \_\_\_\_\_

Do you have a fenced yard? Yes: \_\_\_\_ No: \_\_\_\_ If yes, how high? \_\_\_\_\_ ft.

If you do not have a fence, are you prepared to walk your dog multiple times a day in all types of weather? (Ice, snow, pouring rain, high heat, wind) Yes: \_\_\_\_ No: \_\_\_\_

How much time a day do you plan to devote a day to exercising your new dog? \_\_\_\_\_

Describe how you will house train your new dog: \_\_\_\_\_

How will you discipline/correct your dog if they do something wrong?

\_\_\_\_\_  
\_\_\_\_\_

Are you familiar with crate training? Yes: \_\_\_\_ No: \_\_\_\_



## Acknowledgement & Release Statement

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I hereby release to FOWA access to all veterinary and town license records of any or all of the animals I own or have owned. I certify that all the information in this application is true and I understand that false information may void the application. All adoptions are finalized at the discretion of the review board. FOWA reserves the right to refuse any adoption and will not reveal the specific reason for adoption denial. FOWA reserves the right to contact any individuals listed on this form.

E-Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Type your name)

### Application Instructions:

- Save the Adoption Application to your computer's desktop.
- Complete all fields (*form friendly*) and "SAVE" it.
- Email the completed form as an attachment to the following email address:  
[fowadogadoptions@yahoo.com](mailto:fowadogadoptions@yahoo.com)
- If you have questions or need any assistance with completing the application, call the FOWA Help Line at: **(973) 902-7515**.

FOWA USE ONLY - DO NOT WRITE BELOW THIS LINE

Reviewed Form: \_\_\_\_ Vet Check: \_\_\_\_ DL Check: \_\_\_\_ Landlord Check: \_\_\_\_

Approved for Adoption: YES: \_\_\_\_ NO: \_\_\_\_

If NO, specify reasons:

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Report taken by volunteer: \_\_\_\_\_ Date: \_\_\_\_\_