

# ADOPTION APPLICATION Rev. 02/18/20

## FOSS Animal Adoption Center

1111 Dodgetown Rd, Walnut Cove, NC 27052 | Phone: (336)914-9270

APPROVED

DISAPPROVED/REASON

BY: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

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

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

Mailing Address: (if different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Do you: OWN / RENT How long have you lived at this address? \_\_\_\_\_ YEARS / MONTHS

If you rent, is your landlord aware that you are adopting this pet? YES / NO Landlord Phone # \_\_\_\_\_

Which Pet are you interested in adopting? (ID Number & Description) \_\_\_\_\_

Why do you want to adopt this pet? \_\_\_\_\_

Do you have other pets: YES / NO What kind & How many: DOG(s) \_\_\_\_\_ CAT(s) \_\_\_\_\_ OTHER \_\_\_\_\_

Are your pets Spayed or Neutered? YES / NO If NO, Why? \_\_\_\_\_

Do you have children? YES / NO What ages? \_\_\_\_\_ Do you have a Veterinarian? YES / NO

Veterinarian Hospital: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Veterinarians Phone Number: \_\_\_\_\_

Are your pets vaccinated for Rabies? YES / NO If NO, Why? \_\_\_\_\_

Date of most recent vaccination: \_\_\_\_\_ Do you have a copy of your pets Rabies Certificate? YES / NO

Are you aware that **North Carolina rabies law** requires that all owned dogs, cats and ferrets must be vaccinated against

**rabies** by four months of age? (NCGS 130A-185) YES / NO Are your pets vaccinated for other diseases? YES / NO

Do you have a fenced in yard? YES / NO Are your pets current on monthly heartworm prevention? YES / NO

Type of heartworm prevention: \_\_\_\_\_ If NO, Why? \_\_\_\_\_

Do you Breed animals or have you in the past? YES / NO If YES, what type? \_\_\_\_\_

Have you ever turned in an animal to an Animal Shelter or rescue? YES / NO If YES, What type? DOG / CAT / OTHER

What shelter/rescue did you surrender it to and why? \_\_\_\_\_

Where will this pet stay during the: DAY \_\_\_\_\_ NIGHT \_\_\_\_\_ FAMILY ABSENCE: \_\_\_\_\_

Will this pet be kept on a regular yearly veterinary visit schedule? YES / NO If NO, Why? \_\_\_\_\_

Please provide the name and contact info. for two personal references that are not related to you:

1. Name \_\_\_\_\_ #: \_\_\_\_\_ Years known: \_\_\_\_\_

2. Name \_\_\_\_\_ #: \_\_\_\_\_ Years known: \_\_\_\_\_

I hereby agree that this animal will not be used for any illegal purpose. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for applying to adopt a pet. We will contact you once your application has been processed.**