

Furry Friends of the Foothills  
Pet Rescue, Inc  
P.O. Box 850  
Yadkinville, NC 27055  
[ffineB@kcf0t0go](mailto:ffineB@kcf0t0go)  
[www.furryfriendsofthefoothills.qti](http://www.furryfriendsofthefoothills.qti)



Date & Time: \_\_\_\_\_

*Furry Friends Dog Adoption Application*

Dog's Name: \_\_\_\_\_

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

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

County: \_\_\_\_\_

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

E-Mail Address (Please write clearly): \_\_\_\_\_

Place Of Employment: \_\_\_\_\_

Drivers License/State ID number: \_\_\_\_\_

Do you live in a: House Apartment Trailer Town Home

Do you: Own Rent

If you rent what is your landlord's name and phone number? \_\_\_\_\_

Are you in the process of moving, or anticipate moving in the next few months? Y N

Do you live with your parents? Y N Are you 18 years of age or older? Y N

How did you hear about us? Newspaper Television [www.furryfriendsofthefoothills.org](http://www.furryfriendsofthefoothills.org) Facebook

Twitter Friend/Family Member Petfinder.com Winston Salem Craigslist Offsite location

[please specify location] \_\_\_\_\_ Other \_\_\_\_\_

Why are you choosing to adopt from the Furry Friends of the Foothills? \_\_\_\_\_

What other places have you visited when looking for a pet? Pet Store Newspaper Other shelter (s)

Please specify where \_\_\_\_\_

**ADOPTION INFORMATION**

What is your past and/or current experience with dogs? \_\_\_\_\_

1<sup>ST</sup> time owner Have had 1 or 2 dogs as an adult Have had more than 3 dogs as an adult

Had a dog as a child Experienced in resolving behavior issues Frequently care for friends' dog(s) Y N

What kind of characteristics are you looking for in a dog/puppy? Why are you adopting an animal? \_\_\_\_\_

Have you adopted from the Furry Friends of the Foothills before? Y N If yes, where is the pet now? \_\_\_\_\_

What activities do you want to do with your dog/puppy? \_\_\_\_\_

Who will care for this dog primarily (feeding, playtime, walks, vet visits)? \_\_\_\_\_

Have you ever surrendered or given away any pet to an animal welfare group, private rescue or individual person? Y N

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.?

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### **PREVIOUS AND CURRENT PET INFORMATION**

Have you ever had a pet: Run away    Get hit by a car    Die in your care    Kept as an outdoor pet

If so, please explain: \_\_\_\_\_

Have you ever: Given/sold an animal to a family member    Given/sold an animal to other person    Given an animal to a rescue or other animal welfare society (please list the organization(s))? \_\_\_\_\_

If so, why? \_\_\_\_\_

**What pets do you currently have or have had in the past THREE years in your household?**

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Are your pets current on vaccinations (within the last year)? Y    N    Were previous pets taken to the vet annually? Y    N

Are your pets spayed/neutered? Y    N    Were previous pets spayed/neutered? Y    N    If no, Please explain why? \_\_\_\_\_

Who is your veterinarian? \_\_\_\_\_

Please provide their address and phone number: \_\_\_\_\_

Would the records be under another name other than the one provided on the front of this application? \_\_\_\_\_

If so, please provide the full name: \_\_\_\_\_

Do you have other veterinarians that may have records for your current or past pets? Y    N    If so, please provide their name, address and contact information: \_\_\_\_\_

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### **HOUSEHOLD INFORMATION**

**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: \_\_\_\_\_

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Name and Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do children (not in the immediate family) ever visit your home? Y    N    If so, how often: \_\_\_\_\_

Age(s) of the children: \_\_\_\_\_

Does anyone in the household have allergies to any kind of animals? Y    N    If YES, have they consulted with their doctor about getting an animal? Y    N    If YES, are they taking medication? Y    N

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

