

## **FFL Adoption Application**

Welcome to our adoption program. We request the following information so we can assist you in the selection of a new pet. This form and a consultation with one of our representatives is designed to help you find the pet most compatible with your lifestyle. Please complete this form and email it back to FFLRescueNetwork@gmail.com.

## To be considered as an adopter, you must:

- Be 21 years of age or older
- Have identification showing your present address
- Have the knowledge and consent of your landlord
- Be able and willing to spend the time and money necessary to provide medical treatment and proper care of the pet

Name:					Date:			
ddress:					Apt/Unit #:			
ity: State:				Zip Code:				
ay Phone:			Evening Phone:			Age:		
mail:				How long have you lived at this address?				
Name of the pet Describe any oth	you are in	nterested in?	for in a pet?		lowing information			
Pet's Name	Sex	Breed	Age	Spayed/ Neutered?	Time in your care	Do they live indoor/ outdoor?	How did you get the pet?	
Are vour nets cu	urrent on t	heir vaccination	us?					
Are they on prev	ventative l	heartworm med	lication?					
Γhe reason you	ı would li	ke to adopt a o	dog: 🗌 Com	npanion 🔲 Gi	ift □ Protectio	n 🔲 For Child		

Will your pets adjust to a new dog in the house?
What precautions would you take to properly introduce a new dog to the pets in your house?
What will you do if your new dog does not get along with your present companion animals?
What happened to the pets you no longer have?
Have you ever turned an animal in to a shelter?
If yes, please explain
Have you ever had a pet euthanized?
If yes, please explain
If a disciplinary or behavior problem arises, what steps will you take to work on it?
How many adults are in your family? Children? Children's ages?
Where do you live? (Apt, Home, etc):
Do you own or rent your home? Are companion animals allowed?
If you rent, may we contact the owner to obtain permission for this pet to live in your home?
Owner's Name: Owner's Phone #:
Do you have plans to move in the near future? If so, what do you plan to do with your pet?
Do you have a fenced in yard? What type of fence? (Wood, chain link, electric, etc)
How tall is your fence? Does the fence fully enclose the yard?
If you do not have a fenced yard, how will your dog be let out?
☐ Leash Walked ☐ Trained to stay in yard ☐ Tied out ☐ Kenneled ☐ Other
Where will your dog sleep?
When you are not home, where will your dog be kept?
How will they be kept?
☐ Crate ☐ Run of House ☐ Backyard ☐ Kennel ☐ Access to Doggie Door ☐ Dog House ☐ Garage
Other (Please Explain)
What is your current occupation? Name of employer:
Does your job require extensive travel? Who will care for your pet stay when you travel?
Will anyone be home while you are at work? How many hours will the pet be left unattended?

Do you have screen on your windows?
Do you have a cat or dog door? If yes, where does it lead to?
Will you keep the pet up-to-date on vaccinations? Name of Veterinarian:
Vet's Phone #: Vet's Address:
What arrangements will you make for the care of your pet in case of an emergency, or if you become unable to care for him/her?
Under what circumstances or situations would cause you to return the dog?
Have you applied to Friends For Life Rescue Network before to adopt an animal?
Have you ever had an application rejected for adoption of an animal from a rescue/animal control facility?
If yes, please explain:
Are you aware that dogs can live 15 to 20 years and are you willing to take responsibility for this dog for the next to 20 years?
Are you familiar with your local animal control laws?
Are you willing to have a representative of Friends For Life come see where the pet will be living?
If no, please explain:
Are you willing to sign the legal pet adoption papers?
Additional comments from applicant:
By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact, or lack of information, may result in <i>Friends for Life Rescue Network (FFLRN)</i> refusi adoption privileges to me/us. If my/our request for adoption is approved and later <i>FFLRN</i> discovers the above information is not true or correct, <i>FFLRN</i> reserves the right to remove the adopted pet from my home. This pet we reside in my home as a pet. I will provide it with quality food, plenty of fresh water, indoor shelter, affection annual physical examination and vaccinations under the supervision of a licensed Veterinarian. If I can no longer keep this pet for any reason I agree to return it to <i>FFLRN</i> .
Name Date