

FRIENDS WITH FOUR PAWS

P.O. Box 20666
Oklahoma City, OK 73156
Adoption Application

Date received _____
Employee _____
Approved? Yes No

Procedures:

- Please be aware that a waiting period may be required prior to the approval of an application and / or taking the animal home.
- Friends With Four Paws reserves the right to match the right pet with the best home.
- Friends With Four Paws reserves the right to approve or deny any application for any reason.

Name of Animal: _____ Dog Cat Other _____ (specify type)

Are you looking for a companion for a current pet? Yes / No What type of pet? Dog / Cat / Other

Name: _____

Current Address: _____

City _____ State _____ Zip _____ Apt _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____ Work phone # _____

Alternate contact (parent, sibling, grandparent): _____

Phone Number Alternate Contact: _____

Permanent mailing address _____ City _____ Zip _____

Do you currently: Rent _____ Own _____ Other _____ How long have you resided here? _____

Name of Complex and Landlord / Manager: _____ / _____

Contact Number: _____ Are pet's allowed? _____ Is there a fee? YES / NO. Is the fee/deposit paid? YES / NO

Number of Adults in your household: _____ Children? _____ Ages: _____

Your occupation: _____ Employer: _____

If you are not employed please detail how you will pay for the care of this animal _____

Currently a student? _____ Full or Part Time? _____ Name of School: _____

1 Please List Spouse or any roommates:

Spouse / Roommate Name	Contact Phone #

1. Who is this pet for? Yourself _____ Spouse _____ Child _____ Someone else _____
2. The new pet will stay Indoors _____% of time Outside _____% of time
Please clarify: _____
3. Do you anticipate your new pet being alone for any extended periods of time each day? YES / NO.
Where will it be kept while alone? _____
4. Do you have a fenced yard? _____ type of fencing _____
5. Name of your present veterinarian: _____
Clinic Name: _____ Phone _____
6. Are all of your pets current on their vaccinations? Yes _____ No _____

	No	Yes	How Many?	Why or How?
Have you turned any animals into the Shelter in the past 5 years?				
Have you had any pets pass away or disappear in the past 5 years?				
If you have no pets, have you ever cared for pets in the past?				

Please list all cats or dogs currently cared for **in your household**: Mark form if it is a cat or dog, male or female, and whether it is indoor or outdoor. Please fill in age and whether it is sterilized and on heartworm preventative medication.

Name	Dog Breed	Cat Breed	Age	Sex	Vaccinated	Sterilized	Heartworm Prevention	Indoor / Outdoor

References (list 3 personal and/or professional references)

Name	Relationship	Email Address	Home Phone	Cell Phone



GENERAL QUESTIONS

7. Have you considered what you will do with your pet if you need to move again? Please explain

8. Are you aware that many insurance companies and apartment complexes do not allow all breeds of animal? YES / NO

9. Is the animal you are adopting one of these breeds? How will you handle this banning?

10. Is anyone in your home allergic to pets? YES / NO. Who? _____ are they prepared to treat these allergies? YES / NO

11. Do you feel financially secure to provide your pet with basic medical care and to provide necessary medical treatment in case of an emergency? _____

12. Are you aware heartworm disease is common in dogs? YES NO

13. What level of commitment best describes you?

➤ _____ I understand that training my animal may take months and I am willing to do whatever it takes. I am also financially able to pursue additional training methods if needed. I further understand that my rescue animal needs a permanent lifelong home and that multiple homes and/or return to a shelter can be debilitating to an animal's mental and physical well-being. I am emotionally and financially committed to this animal.

➤ _____ I am not completely sure about what the future may hold and this may have an impact on this animal, I would like information on the possibility of keeping the animal on a temporary basis as a foster parent.

14. I have concerns/ would like more information on the following regarding this animal (circle all that apply) SIZE, TEMPERAMENT, HAIR, OBEDIENCE, ENERGY LEVEL, HOUSEBREAKING OTHER

15. How will you keep your dog/cat confined to your property? (check all that apply) ___ in house, ___ on chain, ___ kennel, ___ fenced yard, ___ on leash, ___ in garage, ___ patio, ___ other.

16. I believe this animal will cost about (circle one) per month to keep ___ \$10, ___ \$20, ___ \$50, ___ \$75, ___ \$100. I have the ability to pay veterinary fees for emergency care for this animal of (check one) ___ \$75, ___ \$100, ___ \$200, ___ \$300, ___ \$500+

17. If I cannot afford the animal's veterinary care I will _____

Additional Questions/ Issues I would like information: _____

Would you be willing to open your home to a FWFP temporary relief foster on the East Coast?? _____

If not, would you be willing to volunteer your time and help our rescue efforts? If so, what are you interested in doing? _____

How did you hear of Friends with Four Paws?? _____

I verify that all the above information is true and correct. I understand that if any information provided by me is false or inaccurate I will not be eligible to adopt from FWFP now, or at any time in the future. FWFP may also use any photograph(s) taken of me with the pet I have adopted in their newsletter, brochures, and website or any other media. I understand that although I am paying an adoption fee the animal I adopt will not become my legal property until two conditions are met, the animal is sterilized (date to be determined by FWFP NOT private veterinary preference) and the animal is vaccinated for rabies (must be vaccinated by 16 weeks).

Signature

Date