



# Adoption Application

Date: \_\_\_\_\_

Interested in adopting a: \_\_\_ Dog \_\_\_ Cat

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

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

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

This pet will be primarily: \_\_\_\_\_ Indoors \_\_\_\_\_ Outdoors

If outdoors, type of outdoor shelter: \_\_\_\_\_

Is your yard fenced? \_\_\_\_\_ If no, how will you confine and exercise your dog? \_\_\_\_\_

Do you own other pets? \_\_\_\_\_ If yes, list number: \_\_\_\_\_ Dogs, \_\_\_\_\_ Cats, \_\_\_\_\_ Other

Describe \_\_\_\_\_

What veterinarian do you use? \_\_\_\_\_ Phone: \_\_\_\_\_

Are your current pets spayed/neutered? \_\_\_ Yes \_\_\_ No. Have current vaccines? \_\_\_ Yes \_\_\_ No

Children: \_\_\_ Yes \_\_\_ No. If yes, list ages \_\_\_\_\_

Does anyone in the home have allergies to animals? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

If you move, what will you do with the animal? \_\_\_\_\_

Have you ever surrendered an animal to the shelter? \_\_\_\_Yes \_\_\_\_No

If yes, please explain\_\_\_\_\_

Have you previously owned pets? \_\_\_\_Yes \_\_\_\_No

If yes, what happened to them?\_\_\_\_\_

Do you have a means of caring for your pet if you are away from home? \_\_\_\_Yes \_\_\_\_No

Describe\_\_\_\_\_

Have you ever been convicted or accused of animal cruelty or neglect? \_\_\_\_Yes \_\_\_\_No

If yes, please explain\_\_\_\_\_

I attest that the above statements are true. I agree that if for any reason I am unable to continue to care for my new adopted family member, I will immediately contact Fur-Get Me Not Rescue. I agree to have a home visit conducted by an authorized Fur-Get Me Not Rescue representative as part of the application process. I give permission for a Fur-Get Me Not Rescue representative to contact my veterinarian for a reference.

Signature of Applicant\_\_\_\_\_

**Please mail completed form back to:**

**Fur-get Me Not Rescue, Inc**

**PO Box 690**

**Galax, VA 24333**

**Or email to: [fgmnrescue@gmail.com](mailto:fgmnrescue@gmail.com)**

