



Animal Name: _____ ID #: _____

Fayetteville Animal Services Pet Adoption Application

Our goal is to find permanent, loving homes for companion animals. To help make a forever-match between you and your prospective pet, we evaluate animals to determine if they will be suitable family pets. In selecting a pet, please keep in mind that all animals - like people - have different personalities and that some behaviors can be breed-related.

Name: _____ Date: _____
 Address: _____ City/State: _____ Zip: _____
 Home/Cell Phone: _____ Work/Other Phone: _____
 Driver's License Number/State: _____ Date of Birth: _____

We do not adopt to anyone under the age of 21 years.

Which of the following best describes your home?

- House with fenced yard _____ House with unfenced yard
specify type of fence
- House with outside kennel run _____ Farm with livestock
- Mobile Home/Condo/Apt - with fenced yard _____ Mobile Home/Condo/Apt - no fence

Do you own or rent? _____

Landlord's Name: _____ Landlord's Phone Number: _____

How many children are in the home? _____ What are their ages? _____

Is this pet going to be a gift? _____ If yes, for whom? _____

Where will you keep your pet during the day: _____ At Night: _____

Please tell us about the pets you have owned in the past three years.

Cat	Dog	Other	Breed	Pet's Name	Age	Sex	Spayed/ Neutered?	Still Have?/Comments

The following questions **must** be answered. If you have questions, please ask a staff member.

Are all pets current on rabies vaccinations by a licensed veterinarian? _____

What veterinary clinic do you use for vaccinations? _____

Who is listed at the vet's office as the pet owner? _____

How did you hear about our adoption program? _____

Do others in your household know you are planning to adopt a pet? _____

Is anyone in the home allergic to animals? _____

On average, how much time will the animal be left alone each day without human or pet interaction? _____

Please continue to page 2 of the application

Continued from previous page. The following questions must be answered.

Why do you want to adopt at this time? _____
Do you want an indoor or outdoor pet? _____
Do you understand and will you comply with the City of Fayetteville's leash law? _____
Are there any behavioral issues that may cause you to return the pet to the Shelter? _____
If yes, what are they? _____

By signing below, I certify that all information provided will be found to be true and that any misrepresentation of facts, on my behalf, may result in denial of adoption. I understand that:

- Pets up for adoption are the sole property of Fayetteville Animal Services.
- Filling out this application does not guarantee me a pet. Placement of animals is at the discretion of Fayetteville Animal Services.
- I am authorizing investigation of all statements I have provided on this application.
- A representative of Fayetteville Animal Services may contact me in the future to follow up on the success of this adoption.
- Although Fayetteville Animal Services has provided initial vaccinations and spay/neuter surgery, all pets should see a veterinarian in the first few weeks after adoption.
- Any pet adopted from Fayetteville Animal Services may require special training for behavioral problems and I understand that it will be my responsibility to try to resolve these issues before returning the pet to Fayetteville Animal Services.
- The adoption fee is non-refundable.

Signature: _____ Date: _____

Checklist for Staff/Adoption Counselors to Discuss

_____ 24-hour Waiting Period	_____ Annual Vaccinations	_____ Yearly Licensing
_____ Adjustment/Isolation Period	_____ Spay/Neuter Info	_____ Precautions w/Children
_____ House Training	_____ Illness after Adoption	_____ Parvo Info for Puppies
_____ Rabies Vaccination	_____ Exercise and Grooming	_____ Lifetime Commitment

Adoption Counselor: _____ Date: _____

When adopter can pick up: _____

For Office Use Only

_____ System Checked _____ Landlord Checked _____ Veterinarian Checked

Approval of Adoption Application: _____ Date: _____