



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 20 years. If you are 20 years old, you **MUST** provide a parental reference: Parent(s) Name: \_\_\_\_\_

Parent(s) Phone Number: \_\_\_\_\_

**Which of the following best describes your home?**

- House with fenced yard - Type of Fence \_\_\_\_\_  House with unfenced yard
- 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: \_\_\_\_\_

Land Lord Phone Number: \_\_\_\_\_

How many children are in the home? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Is this pet going to be a gift? \_\_\_\_\_ 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 issued 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? \_\_\_\_\_

**\*\*\*FLIP OVER AND CONTINUE ON BACKSIDE\*\*\***

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

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 so, what? \_\_\_\_\_

By signing below, I certify that all information provided will be found true and 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 understand that it will be my responsibility to try to resolve these issues before returning the pet to Fayetteville Animal Shelter.
- The adoption fee is non-refundable.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Checklist for Staff/Adoption Counselors to discuss**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 24 hour waiting period      | <input type="checkbox"/> Annual Vaccinations    | <input type="checkbox"/> Yearly Licensing        |
| <input type="checkbox"/> Adjustment/Isolation period | <input type="checkbox"/> Spay/Neuter Info       | <input type="checkbox"/> Precautions w/ Children |
| <input type="checkbox"/> House Training              | <input type="checkbox"/> Illness After Adoption | <input type="checkbox"/> Parvo Info for Puppies  |
| <input type="checkbox"/> Rabies Vaccination          | <input type="checkbox"/> Exercise and Grooming  | <input type="checkbox"/> Lifetime Commitment     |

Adoption Counselor: \_\_\_\_\_ Date: \_\_\_\_\_ When adopter can pick up: \_\_\_\_\_

**For Office Use Only**

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\_\_\_\_\_ System Checked    \_\_\_\_\_ Landlord Checked    \_\_\_\_\_ Veterinarian  
Checked

Approval of Adoption Application: \_\_\_\_\_ Date: \_\_\_\_\_