

## F.A.C.T. ADOPTION APPLICATION

*Thank you for your interest in adopting! This application helps us to find the best match for your home.*

*Please answer all questions honestly and print clearly.*

***\*Incomplete applications will not be considered for adoption.\****

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home/Primary Phone: ( ) \_\_\_\_\_ How did you hear about this pet? \_\_\_\_\_

To be considered for adoption you need to:

- ☐ Be at least 21 years old.
- ☐ Have knowledge and consent of all adults living in your household
- ☐ Have landlords' consent to bring an animal onto the property
- ☐ Provide proof of income/employment
- ☐ Consent to phone and/or home visits during and after adoption

Why do you want to adopt this pet? \_\_\_\_\_

How would you describe your household (quiet, average, busy), and what sort of personality/activity level are you looking for?

\_\_\_\_\_

How many pets do you currently have in your household?

Cats: \_\_\_\_\_ Indoor/Outdoor \_\_\_\_\_ Spayed/neutered? \_\_Yes \_\_No Age(s): \_\_\_\_\_

Dogs: \_\_\_\_\_ Breed(s) \_\_\_\_\_ Spayed/neutered? \_\_Yes \_\_No Age(s): \_\_\_\_\_

Other: \_\_\_\_\_ Types: \_\_\_\_\_ Ages: \_\_\_\_\_

How long have you had this/these pet(s)? \_\_\_\_\_ How many pets have you had in the past? \_\_\_\_\_

If any, please describe what happened to them: \_\_\_\_\_

Have you ever surrendered/given away a pet?: \_\_ Yes \_\_ No

If so, please explain the circumstances: \_\_\_\_\_

Which of the following situations would lead you to give away your pet?: [ ] Moving [ ] New Baby [ ] Divorce/Marriage

[ ] Too expensive [ ] Ruins furniture [ ] Allergies [ ] Found "no pet" rental [ ] Pets don't get along [ ] Would not give up

Veterinarian Name/Address/Phone Number: \_\_\_\_\_

Will you be declawing this cat? [ ] Yes [ ] No

What would make you decide to declaw a cat? \_\_ Furniture \_\_ Children \_\_ Other: \_\_\_\_\_

Will you be spaying/neutering this pet? [ ] Yes [ ] No [ ] Already spayed/neutered

What arrangements will you make for your pet if you need to be away from home? \_\_\_\_\_

How many hours will this pet spend alone? \_\_\_\_\_

Will this pet be kept indoors or outdoors? [ ] Indoors [ ] Outdoors [ ] Both

If indoor/outdoor, please explain your setup: \_\_\_\_\_

Are you able to separate this pet from your other pets while he/she adjusts to the new atmosphere? [ ] Yes [ ] No [ ] N/A

What is your housing situation? [ ] Own [ ] Rent [ ] Live with parents [ ] Other (Please Specify) \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_ Are you planning to move in the next six months? [ ] Yes [ ] No

If you move, what plans will you make for your pet? \_\_\_\_\_

If you rent, please provide your landlord's name and phone number: \_\_\_\_\_

**Please list the names and ages of all people living in the home and their relationship to you.**

Name, Age, Relationship: \_\_\_\_\_

Name, Age, Relationship: \_\_\_\_\_

Name, Age, Relationship: \_\_\_\_\_

Name, Age, Relationship: \_\_\_\_\_

**References:**

*If you do not have a veterinarian, please list the name, phone number, and relationship of 1 (one) professional reference:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Is there anything else you would like to tell us that you think would be important when considering your application?**

\_\_\_\_\_

**Please review the following adoption policies.**

**Sign below to indicate agreement.**

I take full responsibility for the care and well-being of this pet for its lifetime,  
including veterinary care, emergency expenses, supplies, and food.

If approved, I agree to pay the adoption fee to F.A.C.T. prior to adopting this pet.

I understand that F.A.C.T. has the right to decline my application for any reason.

I have provided accurate and truthful information on this adoption application.

I agree to notify F.A.C.T. if any of my contact information changes.

If I need to find a new home for this pet, I will surrender him/her to F.A.C.T.

I give consent to F.A.C.T. to contact my veterinarian about any information pertaining to this pet.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Sign Name)

\_\_\_\_\_  
(Date)

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**Adoption Counselor(s): \_\_\_\_\_ Vet Check: \_\_\_\_\_ Phone Interview \_\_\_\_\_ Home Visit: \_\_\_\_\_**

**Adoption Approved: \_\_\_\_\_ Adoption Denied: \_\_\_\_\_**