

Furry Friends Rescue

P.O. Box 7270
Fremont, CA 94537-7270
(510) 794-4703



DOG Adoption Application

Name: _____ Phone (day) _____

Address: _____ Phone (eve) _____

City: _____ State _____ Zip _____ E-Mail: _____

How did you hear about Furry Friends Rescue? _____

1. Why do you want to adopt a dog? _____

2. What type of breed? _____ Male _____ Female _____
Age range _____ Color _____ Hair type _____
Activity level _____ Type of Activity _____ Size _____

3. Where would the dog stay during the day?: Indoor _____ Outdoor _____ Indoor/Outdoor _____

4. Do you have a enclosed yard? Yes _____ No _____ How tall is the fence? _____

5. Where will your dog sleep? _____

6. How long will the dog be alone? _____ Where will he/she stay? _____

7. Who will be primarily responsible for the dog's care? _____

8. Do all members of your household want a dog? Yes _____ No _____ if no, who _____

9. Do you know that dog require yearly vaccinations? Yes _____ No _____

10. Do you plan to walk & exercise your dog everyday? Yes _____ No _____ Special Activity? _____

11. How are you planning to obedience train your dog? _____

12. What will you do if your dog develops behavior problems? _____

13. Do you currently have a veterinarian? _____ May we contact them for reference? Yes _____ No _____

Name of Vet: _____ Phone: _____

Address: _____

City _____ State _____ Zip _____

14. Do you understand that you will be sharing your life with a dog for 14 - 18 years, who is totally dependent upon you for food, shelter, health and veterinary care. Are you willing and able to make this life-long commitment to a dog as a family member? _____

FAMILY INFORMATION

15. How many adults _____ Children _____ Ages _____ in household?

16. Do you have children visiting? _____ How often? _____ Ages _____

17. If you have pets currently, please list them below:

Type of animal	Age	Sex	Spayed/Neutered?	Indoor/Outdoor

18. Please list all animals you had in the past 5 years, not listed above.

Type of animal	Age	Sex	Sp/Neu	Indoor/Outdoor	What happened?

19. Do you live in a House _____ Townhouse _____ Condo _____ Apt _____

20. Do you own _____ rent _____: Landlord name: _____ Phone _____

21. Would you agree to a home visit to ensure it is secure for the pet? Yes _____ No _____
Please read and sign the following: I certify that all information in this application is true, and I understand that false information may void this application. I agree that upon adopting a pet from Furry Friends Rescue, I will agree and abide by their Adoption Agreement.

Name: _____ Sign: _____ Date _____

For office use

Adoption Counselor: _____ Date: _____

Comments: _____

