

FOUR-LEGGED FRIENDS ANIMAL ADOPTIONS, INC.

P.O. Box 22861 Rochester, New York 14692

(585) 953-1184 ☐ www.4-LeggedFriends.net ☐ FLFAA@aol.com

APPLICATION FOR ADOPTION

NAME
STREET ADDRESS
CITY/STATE/ZIP
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?
PHONE NUMBER (INCLUDE AREA CODE) • HOME _____ • CELL _____ • WORK _____
E-MAIL ADDRESS
HOW DID YOU HEAR ABOUT FOUR-LEGGED FRIENDS?
I LIVE IN A <input type="radio"/> House <input type="radio"/> Townhome/Condo <input type="radio"/> Mobile Home <input type="radio"/> Apartment
DO YOU RENT? <input type="radio"/> Yes <input type="radio"/> No If yes, does your lease allow pets? <input type="radio"/> Yes <input type="radio"/> No Landlord's Name _____ Landlord's Address _____ Landlord's Phone _____
Are there any restrictions indicated in your lease? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, please describe:</i>
The pet I am interested in adopting is a <input type="radio"/> Cat <input type="radio"/> Dog <input type="radio"/> Other _____
How many adults are in your household?
How many children are in your household? what are their ages?
Does anyone in the household have allergies? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, please describe:</i>
Are all family members committed to getting a pet? <input type="radio"/> Yes <input type="radio"/> No
How many hours per day will your pet be alone?
Who will be the primary caregiver? Name: Age: Is caregiver: <input type="radio"/> Employed <input type="radio"/> Student <input type="radio"/> Retired <input type="radio"/> Other _____
Where will the pet be kept? Days: <input type="radio"/> Indoors <input type="radio"/> Outdoors Nights: <input type="radio"/> Indoors <input type="radio"/> Outdoors
Do you have a fenced-in yard? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partially Fenced <input type="radio"/> Privacy Fence - 6'

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What is the primary purpose of the pet? Companion Companion for another animal
 Mouser Gift Protection
 Other _____

Please list all currently owned pets:

Name	Dog/Cat/Other	Age	M/F	Neutered?	Indoor Only?	Declawed?

If you are adopting a cat, do you plan to declaw the cat? Yes No
 Please note that Four-Legged Friends does not condone declawing unless absolutely necessary. Please research the practice carefully & talk to your vet about other options before making this decision.

Have you lost a pet (through death, etc.) in the last 5 years? Yes No
If yes, what happened?

Have you ever surrendered a pet to a shelter? Yes No *If yes, why?*

Do you currently have a veterinarian? Yes No
If yes, please provide the veterinarian's name and phone number:

If you do not currently have a veterinarian, do some research and choose a veterinarian prior to adopting. This allows you to set up an account for your adopted pet immediately, so that your new pet's needs may be met in case of an urgent or emergent situation.

Four-Legged Friends reserves the right to require a home visitation prior to adoption. I agree to allow a visitation by a Four-Legged Friends volunteer. _____ (initial)

By completing and submitting this form, I affirm that I am at least 21 years old and that the information I have provided is true and complete. _____ (initial)

I agree that if I am approved for adoption I will make a commitment of time and money to my animal companion for the rest of its natural life (up to 20 years or more!) _____ (initial)

In the unfortunate event that I am unable to keep this animal, I AGREE TO SURRENDER THE ANIMAL BACK TO FOUR-LEGGED FRIENDS. I WILL NOT ABANDON THE ANIMAL, NOR WILL I SURRENDER IT TO ANOTHER RESCUE ORGANIZATION OR SHELTER. _____ (initial)

I authorize my veterinarian to release information to Four-Legged Friends Animal Adoptions, Inc. concerning my pets. Initial here _____

My signature indicates that I agree to these terms. This is a legally binding contract.

Signature: _____ Date: _____

OFFICE USE ONLY:

Animal ID _____

P/U or D/O Arrangements _____

Adoption Fee _____ Paid _____

Notes: