

Adoption Profile



First Middle Initial Last Name

Animal you want to meet

Address

Phone

City/ZIP

Email Address

Previous Address

Previous City/Zip



PLEASE LIST ALL OF THE PEOPLE LIVING IN THE HOME

First Name, Middle Initial, Last Name	Relationship to you	Age (If under 18)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE LIST ALL OF THE CURRENT PETS LIVING IN THE HOME

Name	Breed	Color	Age	Time Owned
_____	M/F	_____	_____	_____
_____	M/F	_____	_____	_____
_____	M/F	_____	_____	_____
_____	M/F	_____	_____	_____
_____	M/F	_____	_____	_____
_____	M/F	_____	_____	_____

We would not knowingly place an animal with a serious health condition. It may not be known if an animal has been exposed to an illness or has a hidden genetic disorder. Under these circumstances, we cannot guarantee the health of any pet. Veterinary expenses for basic concerns such as ear mites or intestinal parasites may be incurred. If a veterinarian determines a more extensive illness is present at the initial examination, please return the pet for an adoption refund. Additional costs incurred from keeping the pet will be your responsibility.

I understand that you may contact my veterinarian for vaccination and health history of the pets that I currently own or have owned in the past. I release my veterinarian to provide that information to you.

I understand this is a shelter environment; my pets could potentially be exposed to viruses/illnesses during an interaction.

The information I have given in this application is correct to the best of my knowledge. I understand that FWACC reserves the right place animals in the best fit home and I am not guaranteed adoption of an animal.

Applicant Signature _____

Date: _____