## S:\Animal Care and Control\ACC Shared\ACCLOGO\acclogo.JPGPet Adoption Profile

Name Phone \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Address Phone \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

City/Zip County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Drivers Lic #\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIVING ACCOMODATIONS**:

Describe your children’s experience with pets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list **ALL** the adults living in the home \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you plan on housing this pet during the day/at night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PET EXPERIENCE:** Please list **ALL** of the pets living in the home For office use only

Name Male/Female Breed Color Age Time Spayed/ Date Date RV Owned Neutered Dis Given RV Given Tag#

 M/F Yes/No 1yr/3yr M/F Yes/No 1yr/3yr

 M/F Yes/No 1yr/3yr

Last Name First Name A# Name 1st Hold/2nd Hold

 M/F Yes/No 1yr/3yr

Describe your previous pets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

**VETERINARIAN CARE:** Please list your current/future veterinarian \_

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 will be contacting 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 am aware my currently owned pets must be current on vaccines.

I understand this is a shelter environment; my pets could potentially be exposed to viruses/illnesses during an interaction. If the animal I am interested in requires a fence, I understand a department representative may visit my property to ensure my fenced area is secure and large enough for the animal.

The information I have given in this application is correct to the best of my knowledge. I understand that FWACC reserves the right to approve or reject this application. In fairness to the animal, the selected pet may be reserved for an extended period of time.

Applicant Signature Date:

For Office Use Only

**PLEASE ENSURE THIS PROFILE IS FILLED OUT ENTIRELY**

Rent/Own

Within City Limits Y/N

Head of Household Y/N

# of Children\_\_\_\_\_\_\_\_\_

Ages\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Adults in Home Y/N

Indoor/Outdoor

Kept at Night?

What happened to previous pets?

**Would you like info on:**

Crate Training

Chewing

Potty Training

Litterbox Issues

Scratching

Introducing to Other Pets

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Interaction Notes:**

Last Name First Name A# Name 1st Hold/2nd Hold

**Still Needs:** (circle) Child Interaction Dog to Dog Vaccine Records Other

**Counselor Name** Date:

Staff Only

Person # Field Runs: IN/OUT of City Limits:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Animals: