

**ADOPTION APPLICATION**       **PUPPY**     **KITTEN**     **DOG**     **CAT**

**FAYETTE COUNTY ANIMAL RESCUE**      1      2      **Identification Tag Number**

Date / /	Sng. Adopt. <input type="text"/>	Dbl. Adopt. <input type="text"/>	AGE							1							
Day	Time	BREED		COLOR						2							
		Size: S ___ M ___ L ___	SPAY/NEUTER					<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> MR.&MRS.									

<input type="checkbox"/> PURE	<input type="checkbox"/> MIX					ADOPTER'S LAST NAME		FIRST NAME	
PET'S NAME						STREET ADDRESS		APT.#	
						CITY		STATE	ZIP CODE
E-MAIL ADDRESS									

**X** \_\_\_\_\_

HOME PHONE ( ) -      BUSINESS PHONE ( ) -

NAME OF REFERENCE	ADDRESS	CITY	STATE	PHONE
				( )
				( ) <input type="checkbox"/>
				( )

1. **WHO IS THE PET FOR?** Self  Gift  For Whom? \_\_\_\_\_ Adopter's Age \_\_\_\_\_

2. **IF YOU'RE SINGLE:** Do you live alone? Yes  No  Do you live with family? Yes  No   
 Do you work: Yes  No  What are your hours: \_\_\_\_\_  
**IF YOU ARE MARRIED:** Do both work? Yes  No  Husband's Hours: \_\_\_\_\_ Wife's hours: \_\_\_\_\_  
 How many children at home? \_\_\_\_\_ Ages \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Who will be responsible for the pet: Husband  Wife  Children  Other \_\_\_\_\_

3. **DO YOU: OWN**  **RENT**  **HOUSE**  **APT.**  Floor# \_\_\_\_\_ Elevator in the building? Yes  No   
 If renting, does your lease allow pets? Yes  No  Are you moving: Yes  No  When \_\_\_\_\_  
 Do you have use of a private yard? Yes  No  Is it fenced: Yes  No  Fence Height: \_\_\_\_\_  
 Where will your pet be kept: \_\_\_\_\_ / \_\_\_\_\_ Any allergy to pets? Yes  No   
DAY TIME      NIGHT TIME

4. **DO YOU HAVE OTHER PETS NOW:** Yes  No  Breed: \_\_\_\_\_  
 Where did you get the pet: \_\_\_\_\_ How long have you had it: \_\_\_\_\_  
**HAVE YOU EVER HAD A PET BEFORE:** Yes  No  Breed: \_\_\_\_\_  
 How long did you have the pet: \_\_\_\_\_ What happened to the pet: \_\_\_\_\_  
 Have you ever adopted from FCAR: Yes  No  Where is the pet now: \_\_\_\_\_

5. **YOUR OCCUPATION:** \_\_\_\_\_ Business Phone: ( ) -  
 Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

VET'S NAME	CITY, STATE	ZIP CODE
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I ACCEPT THE TERMS OF THE ADOPTION AGREEMENT THIS APPLICATION IS A PART OF THE ADOPTION AGREEMENT. IF THIS APPLICATION CONTAINS ANY FALSE OR MISLEADING INFORMATION, FCAR SHALL BE ENTITLED TO RECLAIM THE ANIMAL AND EXERCISE ALL OF ITS OTHER RIGHTS AND REMEDIES STATED IN THE ADOPTION AGREEMENT.

**X** \_\_\_\_\_  
ADOPTER'S SIGNATURE

Reason for rejection

		MANAGER REVIEW		MANAGER APPROVAL T/D	Free 30 Day Care Provided at FCAR Clinic. Adopter's Initials
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