



## Friends of Community-Cats Rescue

### Adoption Application (Dog)

Kali Cristaudo (801)941-2162 Tawnya Kinder (801)502-8243

[FriendsofCommunity-Cats@outlook.com](mailto:FriendsofCommunity-Cats@outlook.com)

[www.friendsofcommunity-cats.org](http://www.friendsofcommunity-cats.org)

[www.facebook.com/friendsofcommunitycats](http://www.facebook.com/friendsofcommunitycats)

#### Contact Information

Name:		Date:
Primary Phone:		Other Phone:
Physical Address:		
City:	State:	Zip Code:
Email Address:		
Who will the pet be for? You <input type="checkbox"/> Your Family <input type="checkbox"/> Someone Else <input type="checkbox"/>		
Are you at least 21 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		

#### Residence Information

Dwelling Type: House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Trailer Home <input type="checkbox"/> Other <input type="checkbox"/>		
Do you own your home? If so, for how many years? Yes <input type="checkbox"/> No <input type="checkbox"/> Years <input type="text"/>		
Do you rent your home? Yes <input type="checkbox"/> No <input type="checkbox"/>	Landlord's Name:	Landlord's Phone #:
Does your residence have a dog or cat door? Yes <input type="checkbox"/> No <input type="checkbox"/>		
How many children are living in your home?	What are their ages?	
How many people other than children are living in your home?	What are their feelings on adopting a dog?	

#### Additional Information

Your Employer:	Phone Number:
Job Description:	How long have you worked there?
Nearest Relative Name and Phone #:	
Personal Reference Name and Phone #:	
Do you or any member of your household have allergies to dogs? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Why are you interested in adopting a dog?	
Who will be responsible for the daily care of the dog?	

What are your views on dogs living outdoors?
How did you hear about our adoption program?

**Previous and Current Pet Information**

History of Your Previous Pets (type, how long you had them, explain why they are no longer with you):

**Current Pets**

Type:	Age:	Spayed/Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>
Up-To-Date on Vaccinations? Yes <input type="checkbox"/> No <input type="checkbox"/>	Declawed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Microchipped? Yes <input type="checkbox"/> No <input type="checkbox"/>
Where did you get the pet?	How long have you had this pet?	
What brand of food do you use for this pet?	What type of food do you use for this pet? Dry <input type="checkbox"/> Wet <input type="checkbox"/> Both <input type="checkbox"/>	

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Veterinarian Name and Phone #:
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**Please Note: *Friends of Community-Cats Rescue* reserves the right to refuse an adoption for any reason.**