



FOREVER DREAM SENIOR DOG SACTUARY ADOPTION APPLICATION

PO BOX 521

TRYON, NC 28782

foreverdreamsds@gmail.com

www.foreverdreamseniordogsanctuary.org

Name of Animal: _____ Dog or Cat: _____ Date: _____

To be considered as an adopter you must:

- Be 21 years of age or older
- Have identification showing your present address
- Have the knowledge and consent of your landlord
- Be able and willing to provide a loving, safe and peaceful environment for this pet
- Be financially stable and willing to provide any necessary medical care

Pet ownership is a serious responsibility. The policy of this adoption group is to ensure that each person who adopts a pet is aware of the responsibility, and is capable and willing to accept that responsibility morally, physically and financially.

The following questionnaire has been designed to aid both you and the adoption group in deciding if you and/or your family are adequately prepared to assume the responsibility of pet ownership. Please be sure to ANSWER ALL QUESTIONS and feel free to add your own comments. If a question does not apply write N/A. PLEASE WRITE NEATLY!

Name: _____ Age: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Email: _____ What is the best way to contact you? _____

Address: _____ City: _____ Zip: _____

Occupation: _____ Spouse's Occupation: _____

Please list the name, age and relationship to yourself of each person currently living in your house (ex- Mary, spouse 35)

Does anyone living in your home have any known allergies? Yes No

Your type of dwelling: House Condo Apartment Townhouse

Own Rent Length of time at current residence? _____

Do you plan to move within the next 6-12 months? Yes No

If you rent are pets allowed? Yes No Pet Deposit? Yes No How much? \$ _____ What is the name of the property owner/ agent? _____

PLEASE REMEMBER TO COMPLETE ALL THREE PAGES.

Contact name and phone number: _____

Why do you want to adopt at this time? Companion for you / family / another pet Guard Dog

Gift (for whom) _____ Other: _____

Do all adults in your household know you plan to adopt? Yes No Not Applicable

Have your children ever been around dogs and/or cats? Yes No Not Applicable

Has your child ever been bitten by a dog? Yes No Not Applicable

Do your current pets get along with other animals? Yes No Not Applicable

Will this pet will be: Indoor only Mostly Indoor Mostly Outdoor Outdoor only

Where will your new pet sleep at night? _____

In what areas of the house will the dog/cat be allowed? _____

How many hours per day on average will the pet be alone?

0-2 2-4 4-6 6-8 8-10 10-12 over 12

Do you have a fenced yard? Yes No Type? Wood Chain Link Split Rail Height _____ Do you

have locks and/or latches on all your gates? Yes No

Do you have a: Balcony Pool Pet Door Unscreened Windows

Will you ever have your dog on tie out? Yes No Explain _____ Do

you travel? Yes No

Where do your pets stay if and when you travel? _____

PAST/PRESENT PET HISTORY

Please list the name, type, age, gender, and if pet is spayed or neutered of all **current animals**. (Ex- Duke, yellow lab, 1 ½ years old, male neutered)

Please list age, type, gender and if the pet was spayed or neutered for all **animals you no longer have** and what happened to that animal. (Ex- Rosie, Kelpie X, spayed female, died of old age)

Are your companion animals spayed/ neutered? Yes No

If not, why? _____

Are your animals current on all vaccinations? Yes No Date of last vaccinations: _____

If adopting a CAT, do you plan to declaw? _____

How often do you think a dog/cat should go to the vet for routine care? _____

Name of current or last veterinarian? Name/phone number? _____

May we contact this vet as a reference? Yes No

Which of the following situations would lead you to give away your pet?

Moving to another state
Finished school/ moving back home
Ruins the furniture
Too expensive
Getting a divorce or married
Grew too big
Would not give up for any reason

Fleas or sheds too much Having a baby
Children will no longer care for dog
Allergies
Found a new "no pet" rental
Digging/ Chewing
Other _____

What would you do with your pet if you could not keep it for the reasons stated above? _____

Have you ever surrendered a pet to a shelter/pound? Yes No If yes, why? _____

Do you have a relative who would adopt the pet if you, for any reason, become incapable of caring for him/her? If yes, please provide name, address, phone number and relation: _____

Would you allow an inspection of your home and/or yard? Yes ____ No ____

PLEASE PROVIDE TWO PERSONAL REFERENCES:

NAME: _____ PHONE NUMBER _____ EMAIL: _____

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How did you hear about Forever Dream Senior Dog Sanctuary? _____ Is there anything else you would like to tell us that you think would be important when considering your application? _____

Please read and sign below: Many factors determine which applicant will be matched with a pet. If you are not able to adopt a pet today, it does not mean that you are not considered a good pet owner or that your home is not acceptable. Our goal is to place all animals into homes that will best suit their individual needs. Please ask for clarification if you have any questions.

I have completed this application truthfully and fully understand the adoption process.

Signature: _____ Date: _____

Type of ID _____ State Issued _____ ID# _____

If we do not call or email you within 7 days of receiving your application it means that either:

1. The pet was adopted by a previous applicant.
2. We felt the situation presented on the application was not the right situation for that pet.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION

PLEASE REMEMBER TO COMPLETE ALL THREE PAGES.