



Foothills Animal Clinic
126 Cherry Mountain Street
Forest City, NC 28043
(828) 248-2168

Adoption Application

Date _____ Pet of interest _____ Species _____
Age of animal _____ Sex _____ Breed _____ Color _____

Applicant Information

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Home phone _____ Work Phone _____ Cell phone _____

Co-Applicant Information

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Home phone _____ Work Phone _____ Cell phone _____

I will complete this application honestly. I understand that the omission of information and/or failure to answer all questions can result in this application being declined. If an omission or untruth is discovered after an adoption occurs, I understand and accept that Foothills Animal Clinic (FAC) has the right to revoke the adoption and reclaim the pet.

Applicant Signature _____
Co-Applicant Signature _____

General Information

How long have you been at your current address? _____
Type of Residence: House ____ Duplex ____ Mobile home ____ Apt ____ Condo ____
Do you own, rent, or lease? Own ____ Rent ____ Lease ____
If you rent or lease, can you provide written permission from your landlord to own a pet? Y ____ N ____
Rental complex name _____
Rental complex address _____
Manager/Landlord name _____
Current housing location: City limits ____ Outside city limits ____
Type of street _____ Speed limit _____
Where will the pet live? Inside only ____ Outside only ____ Mostly inside ____ Mostly outside ____
Where will the pet spend nights? Inside ____ Outside ____
Will the pet be left unattended outside? Yes ____ No ____ If yes, where? _____

General Information (continued)

How many hours a day will the pet be alone? _____

Where will the pet stay when left alone? _____

Which level of activity best describes your home:

- _____ Busy (visits by friends, meetings, children, parties)
- _____ Noisy (TV, stereo, machinery, tools, children playing, dogs barking)
- _____ Moderate (normal comings and goings)
- _____ Quiet (homebodies, few guests)

In the absence of the primary caregiver, who will care for the pet? _____

What will you do with the pet when you travel? _____

Under which circumstances would you have to return the pet to us? _____

Are you willing and able to take responsibility if this pet becomes ill? Yes _____ No _____

Are you willing and able to pay the veterinary costs of caring for you new pet? Yes _____ No _____

Are you willing to take the time to work with a pet on housebreaking or chewing

if the need arises? Yes _____ No _____

If behavioral problems arise, what steps will you take to work on it? _____

DOG: Would you consider obedience training for your new dog? Yes _____ No _____

DOG: Do you have a fenced yard? Yes _____ No _____ If yes, what type and height? _____

DOG: If you do not have a fence, are you willing to install a run, or leash walk at all times? Yes _____ No _____

How much time are you prepared to allow for your pet to adjust to your home? _____

Number of people in the household _____

If children are in the household, please list ages _____

Are you presently: Employed _____ Unemployed _____ Retired _____ Student _____

Employer or School Information

Name of employer or school _____

Address _____

Phone number _____ Hours of work/school _____

Name of co-applicant's employer or school _____

Address _____

Phone number _____ Hours of work/school _____

Current/Past Pet Information

Have you had pets in the last 5 years? Yes _____ No _____

If yes, please fill in or circle the appropriate answer in the chart.

Type of Pet	Years Owned	Spay/Neuter		Current on vaccine/heartworm prevention		Inside/Outside		Where is the pet now?
		Yes	No	Yes	No	Inside	Outside	
		Yes	No	Yes	No	Inside	Outside	
		Yes	No	Yes	No	Inside	Outside	
		Yes	No	Yes	No	Inside	Outside	
		Yes	No	Yes	No	Inside	Outside	
		Yes	No	Yes	No	Inside	Outside	
		Yes	No	Yes	No	Inside	Outside	
		Yes	No	Yes	No	Inside	Outside	

Current/Past Pet Information (continued)

Would your current pets accept a new member of the household? Yes _____ No _____

Explain how you will introduce the new member to you current pets: _____

Current or past veterinarian and clinic _____

Address _____

Phone number _____

What will you do if you cannot stop the pet from urinating on the carpet, jumping up on the furniture or countertops, clawing or chewing the furniture? _____

How does your family/spouse/roommate feel about adopting a pet?

Doesn't know yet _____ Agrees with the adoption _____ May not be too happy _____

Other comments _____

Do you consider your pet a part of the family? Yes _____ No _____

Is anyone in your house allergic to animals? Yes _____ No _____

If yes, please explain: _____

Why do you wish to adopt a pet? Companion for self _____ Companion for child _____ Gift _____

Companion for other household member _____ Watchdog _____

Why are you interested in this particular pet? _____

Personal References

1. Name _____ Relationship _____

Telephone _____ Best time to contact _____

2. Name _____ Relationship _____

Telephone _____ Best time to contact _____

3. Name _____ Relationship _____

Telephone _____ Best time to contact _____

Finalizing the Adoption Application

Have you ever taken an animal to a County Animal Shelter or Animal Control Facility? Yes _____ No _____

If yes, please explain why: _____

Do you have objections to a home check at a reasonable hour by an FAC adoption coordinator? Yes _____

No _____ If yes, what are your objections? _____

I give FAC permission to fully investigate the information provided on this application as well as to contact all references listed above. Yes _____ No _____

I agree to return the pet to FAC in the event that I can no longer care for him/her. Yes _____ No _____

I understand that the adoption donation is nonrefundable. Yes _____ No _____

Signature of applicant _____ Date _____

Signature of co-applicant _____ Date _____