



For FVHA Staff Only:
Adoption Discount: _____

Date: _____

Which type of animal are you applying for: Dog Cat Exotic

Which animal have you chosen? **First Choice:** _____ **Second Choice:** _____

**FVHA often has more than one application for a particular animal. Please keep in mind that our goal is to match you with a loving, lifelong pet, in a situation where all those affected—both human and animal—will be happy. If you do not receive your first choice pet, it's because another home was a better match for that particular pet's unique needs. Please choose another of the wonderful pets we have to offer!*

YOUR INFORMATION:

Last Name: _____ M.I. _____ First Name: _____

Spouse or Roommate's Name: _____

Driver's License Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Area Code/Primary Phone: _____ Area Code/Secondary Phone: _____

E-mail (needed to register for Shelter Care Pet Insurance): _____

Have you ever adopted from the FVHA before? NO YES If yes, when & what? _____

Are you currently serving or have you previously served in the U.S. Military? NO YES – Ask about Pets for Vets!

Are you over 21? NO YES Are you over 62? * NO YES *You may qualify for a special adoption discount.

Are you financially able to care for a pet? NO YES

When you are not home, where will your pet be kept: _____

How long are you gone during day? Self _____ Spouse/Roommate _____

How many Adults live in your home? _____ Children? _____ Children's ages: _____

Do you live in a House Apartment Condo Dorm Mobile Home

Do you own the property at the address above? YES NO

If you rent, please list the landlord's name & phone number: _____

Please provide the name & phone number of any veterinarian that you have used in the past 5 years.

Veterinary Clinic: _____ Area Code/Phone #: _____

Name that is listed on the account with the Veterinary Clinic: _____

Which animal(s) were seen there? _____

Current Pet Information – Please list current and other pets you have owned in the past **five (5)** years.

<u>Breed of Animal</u>	<u>Pet's Name</u>	<u>M/F</u>	<u>Spay/Neuter</u>	<u>Kept Where?</u>	<u>Age</u>	<u>Still Have?</u>	<u>Why not?</u>
_____	_____	M F	<input type="checkbox"/> Yes <input type="checkbox"/> No	IN OUT	_____	_____	_____
_____	_____	M F	<input type="checkbox"/> Yes <input type="checkbox"/> No	IN OUT	_____	_____	_____
_____	_____	M F	<input type="checkbox"/> Yes <input type="checkbox"/> No	IN OUT	_____	_____	_____
_____	_____	M F	<input type="checkbox"/> Yes <input type="checkbox"/> No	IN OUT	_____	_____	_____

Are all of your animals up-to-date on a rabies & distemper vaccinations? Yes No Unsure

Please provide two **NON-RELATED** references that you have **known for more than 2 years**. Provide us with their names & phone numbers where they can be reached between the hours of 9:00 a.m. to 5:00 p.m.:

Name: _____ Area Code/Phone #: _____

Name: _____ Area Code/Phone #: _____

FOR FVHA STAFF USE ONLY

Which FVHA Staff Member Assisted them today? _____

FVHA RECORDS: _____

VETERINARIAN REFERENCE

<u>Name of animal</u>	<u>Spayed/Neutered</u>	<u>Current on vaccinations</u>	<u>Comments</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LANDLORD DECISION: YES NO

COMMENTS: _____ Date & Staff Initials: _____

REFERENCE NAME: _____

COMMENTS: _____

Date & Staff Initials: _____

REFERENCE NAME: _____

COMMENTS: _____

Date & Staff Initials: _____

STAFF COMMENTS: _____

*When approving this application please inform adopter that they **MUST** call us back within 24 hours to schedule pick up or the animal will again be up for adoption.

Please put the date and time of when approval call was made with your initials _____