Adoption Application Form

Applicant's Name:	
Applicant's Contact Information:	
Address:	
	: Zip:
Home Phone:	Cell Phone:
Work Phone:	May we call you at work? Yes / No
E-mail:	
Applicant's Additional Information:	
Occupation:	
Do all the members of your family know	v that you plan to adopt? Yes / No
Are you at least 18 years old? Yes / No following:	If you are under 18, please provide the
Guardian's Name:	
Guardian's Phone Number:	
Do you own your home? Yes / No Note: If you are living with parents or I Do you have a fenced yard? Yes / No If you rent or board, please provide the Landlord's Name:	
Landlord's Phone Number:	
Landiora of mone ivamber.	
How many adults in your household? _	Children?
if there are children, what are their age	esr
Is anyone in your house have any allerg	
Who will be the animal's primary careta	aker?
How many hours a day will your animal	spend alone?
Where will your animal spend his or he	
If the animal is a cat:	
Will your cat be allowed outdoor	rs? Yes / No / Not Sure
Will you declaw your cat? Yes l	
If you move, will you take your pet with	
• • • • • • • • • • • • • • • • • • • •	yearly vaccination updates? Yes / No /
What will you do if your animal damage	es your furniture?
What will you do if your animal bites or	scratches someone?

Applicant's Name:	
Please provide information about all pets you currently have (please include the name, species and how long you have had the pet or pets): Please provide information about pets you have had in the past (please include the name, species and how long you had the pet or pets):	
Location: Phone:	
Please provide 2 references (friends, neighbors, coworkers, etc.) <i>These people should not be related to you and should have known you for at least 1 year.</i>	
Name: Phone:	
Relationship:	
Name:Phone:	
Relationship:	
The information I have provided in this application is true. I understand that any misrepresentation of the facts may result in my losing adoption privileges.	
It is possible that the animal you are adopting has been exposed to canine and feline diseases that may not show symptoms immediately. There is even a chance that an animal can carry a disease that is transmittable to people. It is imperative that you make an appointment for your new pet with your veterinarian as soon as possible.	
I hereby release FOBA and its agents of any liabilities related to the adoption of this pet.	
Applicant's Signature:	
Date:	
FOBA reserves the right to deny any application without explanation. All	

decisions are final.

FOBA OFFICE USE ONLY

Date: Anin	nal's Name/ID:
Approved: Dei	nied:
Landlord: OK / NG	Comments:
Ref #1: OK / NG	Comments:
Ref #2: OK / NG	Comments:
Vet: OK / NG	Comments:
Name of FOBA repre	esentative completi