



FOREVER FRIENDS FOUNDATION PRE-ADOPTION APPLICATION
 PO Box 670903, Northfield, Ohio 44067 Fax 330-748-4800

Cat(s) Name _____ Control # _____

We believe pet ownership is a serious responsibility and a life-long commitment. Our goal is to place animals in the best possible homes where each adoptive person realizes their obligation to the animal. You must complete this application and be willing to answer specific questions about your lifestyle and personality. Forever Friends Foundation reserves the right to deny this pre-adoption application for any reason.

Name				Driver's License #
Address				Home Phone ()
City	State	Zip		
Email Add				Cell Phone ()
On FB?				

Have you ever adopted an animal from a rescue group before?

If yes, dog cat When? _____ Which rescue group? _____

Why do you want to adopt a pet today? (Be specific) Companion for another pet Love animals

Companion for children Pet died _____

How long have you been looking for a pet? _____

How many pets have you owned in the last 10 years? Dogs: _____ Cats: _____ Other: _____

Are any of these pets still with you? N/A Yes No If yes, how many dogs: ___ cats: ___ other: _____

If no, please explain: _____

Are your pets current on their vaccinations? Yes No If not – why not? _____

Are all of your pets either spayed or neutered? Yes No

If not – why not? _____

Who is your current veterinarian? _____

Are your pets primarily kept inside outside both? Explain _____

Is this pet going to be a gift? No Yes (Please explain) _____

Are you at least 18 years of age? Yes No

Where do you live? Farm House w/ large yard House w/small yard
 Apartment Condo

Do you rent your current place of residence? Yes No

If yes, we will need a copy of your lease or your landlord's phone number: _____

How long have you lived at your current address? _____ Will you be moving soon? Yes No

Do you have children? Yes No What are their ages? _____

Have your children been around pets before? N/A Yes No

Does anyone living in your household have an allergy to animals? Yes No

If yes, is the allergy to dogs cats both

Please explain _____

Your pet may require additional medical attention soon after adoption. Are you willing to accept full financial responsibility for your pet including regular veterinarian care? Yes No

Where will your pet stay when you are not at home? Crate Loose in house Basement

Garage Outside Other (explain) _____

Who will provide care for your pet in your absence (i.e., vacations)? _____

What animal behavior would you be unwilling to work with? Biting Spraying/markings Jumping on tables Not using litter box Aggressiveness Shyness _____

How will you correct inappropriate behavior problems? _____

Do you object to a volunteer visiting your home or calling you at some time in the future? Yes No

Best time to call: _____ a.m. _____ p.m.

Do you work? If yes, where _____ how long employed there? _____

May we verify employment? Yes No If no – why not? _____

CAT ADOPTION QUESTIONS

Do you plan to have your new kitten/cat declawed? N/A Yes No If so – why? _____

What would you do if new your cat were to:

Claw or scratch your furniture? _____

Have an accident outside its litter box? _____

Jump on kitchen tables, counters or furniture? _____

Crawl up your draperies? _____

Wants to go outside? _____

I CERTIFY THE ABOVE ANSWERS TO BE TRUE AND ACCURATE. I REALIZE THAT ANY FALSE INFORMATION WILL RESULT IN THE DENIAL OF THIS PRE-ADOPTION APPLICATION.

Signature		Date
Adoption Counselor		<input type="checkbox"/> Approved <input type="checkbox"/> Denied