

Forgotten Angels Sanctuary, Inc.

ADOPTION APPLICATION

Type of Unit Lived In: House Condo Apartment Mobile Home
Do You: Own Rent Live with Parents Other

If you rent, does Forgotten Angels Sanctuary, Inc. have permission to verify that animals are allowed? _____

Landlord/Mgmt Company Full Name: _____

Telephone: () - _____

How long have you lived at the current address? _____

If less than a year, what was your previous address? _____

Are you planning to relocate in the next 90 days? Yes No

If you do move in the future, What will you do with your pet? _____

Number of adults in your household: _____

Number of Children: _____

Ages: _____

Is everyone in your household in agreement with adopting this animal? Yes No

If no, please explain: _____

Who will be responsible for taking care of the pet?

(Feeding, exercise and cleaning up after) _____

Dog and cats often live longer than 15 years. Are you prepared to take responsibility for this pet for its entire lifetime?

Yes No

Do you agree to return the pet to Forgotten Angels Sanctuary if you can no longer keep it for any reason?

Yes No

If the animal becomes ill or injured, are you financially prepared to treat this animal at your own expense?

Yes No

How will your pet be cared for while you travel or are out of town? _____

Have you previously applied or adopted a pet from **Forgotten Angels Sanctuary, Inc.**? Yes No

If Yes, when? _____

Where is the pet now? _____

It may take your pet a month or longer to adjust to a new home. Are you willing to allow this adjustment time?

Yes No

Is this your first companion animal? Yes No

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If NO, please list all **CURRENT PETS** and **PETS OWNED IN THE PAST**:

Pet's name & Age	Type/Breed	Altered	Gender	Still Own?	If no, why?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Has your current cat/dog been given routine vaccinations this year? Yes No

Please list below your current and previous veterinarian if you have changed veterinarians in the last 5 years:

CURRENT

Name of Veterinarian: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Telephone: () - _____

PREVIOUS

Name of Veterinarian: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Telephone: () - _____

What name is used at your vet as the owner of your pet(s)? _____

Will you use your current vet for your new pet? Yes No

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If no, whom will you use? _____

If you have other pets, have they ever been impounded at the Animal Control facility for violation of an Animal Control Ordinance? Yes No

If yes, please explain the circumstances: _____

Have you ever violated any local, state or federal law or regulations involving the humane treatment of animals? Yes No

If yes, please explain: _____

Please fill out this section if you are applying to adopt a cat.

Why are you adopting a cat? Pet/Companion Companion for other pets Gift
 For children Breeding Mousing
 Other: _____

Will your cat be allowed outside? Yes No

Do you intend to declaw your cat? Yes No

Where will the cat be kept during the **day**? Loose in the house Outside Basement
 Garage Crate - Inside Outside
 Other: _____

Where will the cat sleep in the **evening/night**? Loose in the house Outside Basement
 Garage Crate - Inside Outside
 Other: _____

Please notify your veterinarian that we will be calling for information. It will save time with the adoption process. Some veterinarians may require this form to be signed and faxed to them. Thank you.

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Records Release for Forgotten Angels Sanctuary

I, _____, give my permission for the agents of the
Forgotten Angels Sanctuary, Inc. to contact my veterinary hospital,
_____, to obtain the information contained

Within my pet(s) records.

Signed: _____ Date: _____

Print Name: _____

Terms of Application Agreement

I certify that the information provided on this application is true and correct to the best of my knowledge. I also acknowledge falsification of any information on this application can result in my being denied adoption of an animal or the animal being reclaimed by Forgotten Angels Sanctuary, Inc., hereinafter known as "FAS". FAS may also perform a home visit to verify any information provided. I authorize investigation of all statements in this application and understand veterinarians, other humane agencies, landlords, etc. may be contacted. I further understand that the adoption of an animal may be delayed until information on this application can be verified.

Signed: _____ Date: _____

Print Name: _____

- FOR OFFICE USE ONLY - - - - - DO NOT WRITE BELOW THIS LINE -

Adoption Counselor Name: _____ Date of Adoption: _____

Verified: Landlord approval _____ Current pet(s) vaccinations _____

Previous adoption: _____ Packet/medical information given _____

Approved Denied Withdrawn

Reason for denial: _____