



Forgotten Paws Animal Rescue

420 N. Twin Oaks Valley Road
Suite 1471
San Marcos, CA
92079

Fx: 760-631-0569
admin@forgottenpaws.org

Date: _____

Dog: _____

Adoption Application

Name: _____ Phone (day): _____

Address: _____ Phone (cell): _____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact Name and Phone:

House / Apt / Condo / Townhouse / Mobile Home? _____

Own or Rent? _____ Pets Allowed in Building? _____

Occupations: _____

Work Schedule: _____

Times Someone Will be at Home: _____

Times Pet Will be Alone: _____

How long will the pet typically be alone in a 24hr period? _____

Your New Pet's Home Environment

Where will this pet spend most of their time?

Crate _____ Indoors _____ Outdoors _____ Garage _____ Patio _____ Porch _____

Other: _____

Where will this pet stay when you are not home?

Crate _____ Indoors _____ Outdoors _____ Garage _____ Patio _____ Porch _____

Other: _____

Where will your new pet's main sleeping quarters be?

Crate _____ Pet Bed _____ Share Bed with Owner _____ Designated Room _____

Outdoors _____ Garage _____ Patio _____ Porch _____

Do you have a doggie door? _____

When you are at home, your new pet would be:

always indoors _____ mostly indoors _____ always outdoors _____ mostly outdoors _____

If your dog will be outside at all, what outside space is available for the dog?

Fenced Yard _____ If so how high is fencing? _____ Patio _____ Run _____

Balcony _____ Unfenced Yard _____ Other _____

How long are you willing to give this dog to bond with you and settle into his/her new home?

One day _____ One week _____ One month _____ Other _____

If less than a month, why? _____

Will you add your pet to your will? _____

What provisions could you make if you travel a great deal? Note: We board dogs. _____

What provisions would be made for your new pet if you had to move to a place where no pets were allowed? _____

Under what circumstances would you not keep your new pet? _____

If your pet became destructive to your home, what would you do? _____

What would you do with your new pet if you could no longer care for him/her? _____

Please list all family members, and their relationship that will be living with the pet. If there are children, please list their ages.

Current Companion Animals (all other pets in household):

Type / Breed _____ Age: _____ Sex: _____

Spayed/Neutered? _____ Vaccinated? _____

Type / Breed _____ Age: _____ Sex: _____

Spayed/Neutered? _____ Vaccinated? _____

Type / Breed _____ Age: _____ Sex: _____

Spayed/Neutered? _____ Vaccinated? _____

Please give us a brief statement of your dog experience:

Have you ever trained a dog in obedience classes? _____

Would you consider training for any issues that arise? _____

What issues will you NOT deal with? _____

Is there anything else you would like to tell us about yourself or your home environment?

Your Family Veterinarian

Name: _____ Phone: _____

Address of 24 hour veterinary service in your area: _____

References

Please list two personal references and their relationship to you.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

All the information I have provided in this application is true and correct. If any of the information changes, I will advise FPAR promptly.

Initial Each Statement Below:

_____ I understand I am committing to care for this animal and have it as part of my family for it's entire, natural life, which can be up to 20 years for a small dog.

_____ I am financially able to provide for the animal's needs. This includes food, supplies, shelter, veterinary care and heart worm prevention, chichi can be approximately \$800 per year.

_____ I have adequate time to spend with my new pet. including time for training, exercise and grooming, as needed.

_____ I understand that if I move, my pet will make the move with me.

_____ I understand I must comply with all state and local ordinances concerning pet licensing and vaccinations.

Name: _____

Signature: _____

Date: _____