



**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.

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***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:

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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? \_\_\_\_\_

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

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## ***Your Family Veterinarian***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of 24 hour veterinary service in your area: \_\_\_\_\_

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## ***References***

Please list two personal references and their relationship to you.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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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 parasite prevention, which can be approximately \$1,000 per year. I am also aware that emergency care can be up to \$3,000 or more per episode.

\_\_\_\_\_ 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: \_\_\_\_\_