



Thank you for considering adopting a Dog or Cat from FOWA Rescue.

The adoption process is a multi-step process which includes vet and personal reference checks and home visits. Our goal is to find the right home for our animals and the right pet for your home.

Filling out this form is the first step. We ask that you be as accurate and truthful as possible in your responses and, remember, there are no wrong answers.

How did you hear about FOWA Rescue?

- | | |
|--|---|
| <input type="checkbox"/> FOWA Rescue Website | <input type="checkbox"/> Another Rescue |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Petfinder |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Adoption Event |
| <input type="checkbox"/> Other - Please Describe _____ | |

Which dog/cat are you interested in adopting? _____

Or: Age / Gender Preference: _____

Your Complete Name:

E-Mail Address:

Address:

Primary Phone:

Secondary Phone:

Employer Name and Address:

Current Vet Name, Address and Phone Number:

PLEASE CONTACT YOUR VET AND GIVE YOUR PERMISSION TO SPEAK WITH US ABOUT YOUR PETS. IF THEY DO NOT HAVE YOUR PERMISSION, IT MAY DELAY THIS PROCESS.

Previous Vet Information (If you have been there within the last 5 years).

Do you own other dogs/cats ? YES NO

If yes, provide name, breed, age, gender and if they are spayed/neutered.

If yes, are they:

- INDOOR
- OUTDOOR
- BOTH

Are your pets current for vaccines and licensed with township ?

YES NO If no, please explain: _____

Please list any other animals in home (hamsters, ferrets, rabbits, etc.):

Please list any previous pets, noting name, species, breed and length of ownership

Have you ever re-homed a pet? YES NO

If yes, please explain the circumstances.

Have you ever or do you plan to declaw your adopted cat ?

Yes No

Please explain: _____

Are you financially prepared to give your new pet routine and emergency medical care.

YES NO

Please list names and ages of all adults in home:

Please list names and AGES of all children who live in the household at least part time:

Does any family member have allergies to pets? YES NO

Do you Own or Rent your home:

Own Rent

Which best describes your current living situation?

<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Apartment
<input type="checkbox"/> Military Housing	<input type="checkbox"/> Duplex
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Other: _____

If you rent, please provide us with the property owner's name, address and phone number:

*How long have you lived at your current address?*_____

Does your home have a fenced yard/area?

- No
- Yes, fully fence on four sides: Height _____
- Yes, partially fenced: Height: _____
- Wood/chainlink/vinyl fencing
- Invisible Fencing
- Other

If you do not have a fenced yard, how do you plan to contain and exercise your pet?

Do you work outside the home? Yes No

How many hours will your pet be alone during the day? _____

Where will your dog/cat be kept during the day?

- Loose in the house
- Crated inside the house
- Outside in the yard
- Garage/basement
- Daycare facility
- With friend/family member

What are your plans for your dog/cat? (Check all that apply)

- Pet/Companion
- Guard Dog
- Obedience
- Agility
- Therapy
- Mouser

How active is your home?

How active would you like your dog/cat to be?

- Quiet/low key/few visitors
- Busy/active family on the go
- Lots of friends/kids in and out
- Grandkids visit regularly
- Regular adult visitors
- Low energy/couch potato
- Easy going, walking companion
- Active/playful/ready to romp
- Hiking or running partner

What issues might cause you to re-home your pet?

Is there anything else you would like us to know?

*Please provide two references - No family and no one living with you.
Include name, phone number and relationship.*

1. _____

2. _____

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Acknowledgement and Release Statement

I hereby release to FOWA Rescue access to all veterinary and town license records of any or all of the animals I own or have owned. I certify that all the information in this application is true and I understand that false information may void the application. All adoptions are finalized at the discretion of the review board. FOWA Rescue reserves the right to refuse any adoption and will not reveal the specific reason for adoption denial. FOWA Rescue reserves the right to contact any individuals listed on this form.

Signature: _____ Date: _____

Driver License # _____

Please mail application to FOWA Rescue PO Box 3701, Wayne, NJ 07470, e-mail to fowarescue@yahoo.com or return to FOWA Volunteer at an adoption event.

If you have any questions or need assistance completing this application, call the FOWA help line at 973-902-7515. Leave a message if necessary.