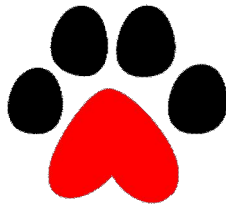


For Office Use Only:
 Control # _____
 Breed _____
 Age _____ Sex _____
 Altered YES NO



For Office Use Only:
 Approved
 Disapproved
 Initials _____
 Date _____

Adoption Form

Applicant's Name _____ Address (No P.O. Box) _____

City _____ State _____ Zip _____ Phone _____ Cell _____ Email _____

In what type of housing do you reside? Apt/Condo House Other Do you rent this property? YES NO

If you rent: Landlord's Name _____ Phone _____

Do you plan on moving in the next 12 months? YES NO

If yes, what do you plan to do with the animal? _____

Why do you want to adopt this pet? companion for child companion for other dog companion for self
 security house pet working dog/mouse chaser breeding other

If other, please explain _____

Is this pet a gift for someone? YES NO If yes, who? _____

Have you previously owned pets? YES NO

List all current animals and animals you have had in the last 10 years. If more, please write on back or in an email.

Name	Breed	Sex	Spayed/Neutered?	Current on Vaccinations?	Do you still own it? If not, why?

List all veterinarians you have taken your pets to in the last 10 years and the veterinarian that you plan on using for this pet.

Veterinarian _____ Phone _____

Veterinarian _____ Phone _____

If more space is needed, please write on back or write it in the email you attach this form to.

Do you grant permission to FDRA to contact your vet(s)? YES NO

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PO Box 422072, Del Rio, TX 78842
(830) 734-0500 intake@friendsofdra.org

Are there any children in your household or children who visit frequently? YES NO

If yes, what are their ages? _____

In general, what types of discipline/corrections do you use with a pet? _____

Will you be using a crate for the purpose of training? YES NO

Do you have a fence? YES NO If yes, how high? _____ What material(s)? _____

What **percentage** of time will this pet spend: Indoors? _____ Outdoors? _____

When this pet is outdoors, how will he/she be kept? (fence, chain, line, kennel, etc.) _____

In general, how many hours will this pet be left alone during the day? (at work, errands, etc.) _____

Where will this pet be kept while you are away from home during the day? (crate, yard, bedroom, garage, etc.) _____

Where will this pet be kept while you are out of town? _____

Are you willing to provide your pet with monthly heartworm prevention medicine at your own expense? YES NO

Are you willing to provide your pet with yearly vaccinations at your own expense? YES NO

Who will be financially responsible for all medical costs? _____

List any characteristics of an animal that would NOT fit with your family or lifestyle. _____

Please provide two personal references Name _____ Phone _____

NOT related to you:

Name _____ Phone _____

Please include any information you would like for us to consider when reviewing your adoption application for approval.

Which pet(s) are you considering? _____

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