

ADOPTION APPLICATION				<input type="checkbox"/> PUPPY		<input type="checkbox"/> KITTEN		<input type="checkbox"/> DOG		<input type="checkbox"/> CAT	
FAYETTE COUNTY ANIMAL RESCUE				1	2	Identification Tag Number					
Date / /		Sng..Adopt. <input type="text"/>	Dbl.Adopt. <input type="text"/>	AGE						1	
Day		Time		BREED		COLOR				2	
				SEX		<input type="text"/>		<input type="text"/>			
		Size: S___ M___ L___		SPAY/ NEUTER				<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> MR.&MRS.			
		<input type="checkbox"/> PURE <input type="checkbox"/> MIX						ADOPTER'S LAST NAME		FIRST NAME	
		PET'S NAME						STREET ADDRESS		APT.#	
								CITY		STATE ZIP CODE	
								E-MAIL ADDRESS			
X						<input type="checkbox"/>		HOME PHONE ( ) -		BUSINESS PHONE ( ) -	
NAME OF REFERENCE		ADDRESS		CITY		STATE		PHONE			
								( )			
								( )		<input type="checkbox"/>	
								( )		<input type="checkbox"/>	
1. WHO IS THE PET FOR? Self <input type="checkbox"/> Gift <input type="checkbox"/> For Whom? _____ Adopter's Age _____											
2. IF YOU'RE SINGLE: Do you live alone? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you live with family? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you work: Yes <input type="checkbox"/> No <input type="checkbox"/> What are your hours: _____ IF YOU ARE MARRIED: Do both work? Yes <input type="checkbox"/> No <input type="checkbox"/> Husband's Hours: _____ Wife's hours: _____ How many children at home? _____ Ages _____, _____, _____, _____, _____ Who will be responsible for the pet: Husband <input type="checkbox"/> Wife <input type="checkbox"/> Children <input type="checkbox"/> Other _____											
3. DO YOU: OWN <input type="checkbox"/> RENT <input type="checkbox"/> HOUSE <input type="checkbox"/> APT. <input type="checkbox"/> Floor# _____ Elevator in the building? Yes <input type="checkbox"/> No <input type="checkbox"/> If renting, does your lease allow pets? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you moving: Yes <input type="checkbox"/> No <input type="checkbox"/> When _____ Do you have use of a private yard? Yes <input type="checkbox"/> No <input type="checkbox"/> Is it fenced: Yes <input type="checkbox"/> No <input type="checkbox"/> Fence Height: _____ Where will your pet be kept: _____ / _____ Any allergy to pets? Yes <input type="checkbox"/> No <input type="checkbox"/> DAY TIME NIGHT TIME											
4. DO YOU HAVE OTHER PETS NOW: Yes <input type="checkbox"/> No <input type="checkbox"/> Breed: _____ Where did you get the pet: _____ How long have you had it: _____ HAVE YOU EVER HAD A PET BEFORE: Yes <input type="checkbox"/> No <input type="checkbox"/> Breed: _____ How long did you have the pet: _____ What happened to the pet: _____ Have you ever adopted from FCAR: Yes <input type="checkbox"/> No <input type="checkbox"/> Where is the pet now: _____											
5. YOUR OCCUPATION: _____ Business Phone: ( ) - Company: _____ Supervisor's Name: _____											
VET'S NAME				CITY,STATE				PHONE NUMBER			
I ACCEPT THE TERMS OF THE ADOPTION AGREEMENT THIS APPLICATION IS A PART OF THE ADOPTION AGREEMENT. IF THIS APPLICATION CONTAINS ANY FALSE OR MISLEADING INFORMATION, FCAR SHALL BE ENTITLED TO RECLAIM THE ANIMAL AND EXERCISE ALL OF ITS OTHER RIGHTS AND REMEDIES STATED IN THE ADOPTION AGREEMENT.											
X _____ ADOPTER'S SIGNATURE											
Reason for rejection											
				MANAGER REVIEW				MANAGER APPROVAL T/D			
								Free 30 Day Care Provided at FCAR Clinic. Adopter's Initials			

