

**FRIENDS OF THE FAIRMONT ANIMAL SHELTER
APPLICATION FOR ADOPTION CONSIDERATION**

2700 Fairmont Drive, San Leandro, CA 94577

510-667-7736/510-352-0598

www.fofas.org

To be considered for adoption of a companion animal, applicants must be at least 18 years of age, have legal identification with your current address, be able to verify that a pet is welcome at the residence and understand that FOFAS reserves the right to deny adoption for any reason.

Completion of this form does not guarantee adoption.

Puppy/Dog Adoption Fee: \$200.00

DESCRIPTION/NAME OF DOG APPLYING FOR: _____ DATE: _____

HOW LONG HAVE YOU BEEN LOOKING FOR A COMPANION ANIMAL: _____

NAME: _____ HOME PHONE: _____ WORK PHONE: _____

ADDRESS: _____
(Street address) (City)

IS EVERYONE IN THE HOUSEHOLD AGREEABLE TO ADOPTING A DOG: _____

REASON FOR ADOPTING: _____

DO YOU LIVE IN A: HOUSE _____ (OWN OR RENT*) APARTMENT _____ CONDO _____

MOBILE HOME _____ *IF RENTING, DO YOU HAVE THE LANDLORDS PERMISSION TO HAVE A DOG?

LANDLORD'S NAME AND PHONE: _____

DO YOU HAVE A YARD _____ IS IT FENCED: _____ FENCE HEIGHT: _____ IN GOOD REPAIR: _____

HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS: _____ HOW LONG LIVED IN AREA: _____

DO YOU PLAN TO MOVE IN THE NEXT 6 MONTHS _____ WITHIN NEXT 2 YEARS: _____

IF YES, WHAT WILL YOU DO WITH YOUR DOG: _____

HOW LONG DO YOU PLAN TO KEEP THIS DOG: _____

WHAT WOULD YOU DO SHOULD YOU REALIZE THIS DOG HAS ANY BEHAVIOR PROBLEMS:

NUMBER OF ADULTS IN HOUSEHOLD: _____ NO.CHILDREN/AGES : _____

DOES ANYONE IN YOUR HOUSEHOLD HAVE ALLERGIES AND/OR ASTHMA: YES _____ NO _____

WHAT WILL YOU DO WITH THIS DOG SHOULD YOU FIND OUT AFTER THE ADOPTION THAT SOMEONE HAS ALLERGIES: _____

WHO WILL BE PRIMARILY RESPONSIBLE FOR THE CARE OF THIS DOG: _____

DO YOU UNDERSTAND THAT THIS DOG WILL REQUIRE ANNUAL SHOTS AND AN OCCASIONAL TEETH CLEANING AND THAT IT IS THE OWNERS RESPONSIBIITY TO TAKE CARE OF THOSE NEEDS:

OVER.....

HOW MUCH DO YOU THINK IT WILL COST YOU EACH MONTH TO PROVIDE THE NECESSARY FOOD & MEDICAL CARE FOR THIS DOG:

PLEASE TELL US THE NAME OF YOUR VETERINARIAN: _____
(IF YOU DO NOT CURRENTLY HAVE A VETERINARIAN PLEASE ASK FOR A LOCAL LISTING FROM FOFAS)

HOW MANY HOURS A DAY/NIGHT WILL THE DOG BE LEFT ALONE: _____

IF LEFT ALONE WHERE WILL THE DOG BE KEPT: _____

WHERE WILL THE DOG SLEEP AT NIGHT: _____
(i.e. inside, outside, garage, in bedroom)

WHERE WILL THE DOGS FOOD & WATER BOWLS BE KEPT: _____
(i.e. inside, outside, kitchen, laundry room)

IF NO ONE IS HOME DURING THE DAY, HOW DO YOU PLAN TO HOUSEBREAK THIS PUPPY/DOG IF IT IS NOT ALREADY HOUSEBROKEN: _____

IF YOU WILL BE GONE FOR A FEW DAYS, WHO WILL TAKE CARE OF THIS DOG: _____

HAVE YOU EVER SURRENDERED YOUR OWN ANIMAL TO A SHELTER: _____ IF YES, EXPLAIN WHY:

PET HISTORY: LIST ANIMALS CURRENTLY AND PREVIOUSLY OWNED IN THE PAST 5 YEARS.

DOG, CAT, ETC.	ALTERED* (YES/NO)	KEPT INDOORS OR OUTDOORS	LENGTH OWNED	CURRENT STATUS

*IF NOT ALTERED (ALTERED = SPAYED/NEUTERED), WHY NOT: _____

HAVE YOU PREVIOUSLY ADOPTED AN ANIMAL FROM FOFAS: _____ WHEN: _____

DO YOU OBJECT TO OUR VISITING YOUR HOME SOMETIME IN THE FUTURE: _____

WHAT ARE YOUR THOUGHTS ON SPAYING/NEUTERING ANIMALS: _____

COMMENTS

You may make any comments or explain any answers you feel are relevant to this adoption application.

APPLICANTS MUST AGREE TO RETURN TO FOFAS ANY ANIMAL ADOPTED FROM US IF IT CANNOT BE KEPT FOR ANY REASON. FOFAS WILL ALWAYS TAKE BACK AN ANIMAL ADOPTED FROM OUR GROUP REGARDLESS OF THE CIRCUMSTANCE.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT ANY FALSE INFORMATION GIVEN MAY RESULT IN THE NULLIFICATION OF THE ADOPTION.

Signature: _____ Date: _____