



Forever Paws Animal Shelter

300 Lynwood St.

Fall River MA 02721

1-508-677-9154

www.foreverpaws.com

FOR OFFICIAL USE ONLY

Date: _____ ID #: _____ Adoption Counselor: _____

Breed: _____ Color / Markings: _____

Male/Female: _____ Neutered/Spayed: _____ Age: _____ Name: _____

Please provide all information required to assist us in determining whether there is a suitable match. Incomplete applications will not be considered. There is no right or wrong answer. This information will help the Shelter's staff achieve its goal of finding forever homes for the animals in our care.

*(Please **initial** after reading the above statement.)*

Adopter (*one person*) Name: _____

Address: _____

Apt.#: _____ City: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Cell

#: _____

Work #: _____

Occupation: _____

Email: _____ Best Time to Reach You: _____

To be considered for adoption you need to (PLEASE INITIAL):

_____ *Be at least 21 years old*

_____ *Have the consent of all adults living in your household*

_____ *Have your landlords consent to have the pet on their property*

_____ *Have a valid government- issued photo ID*

_____ *Understand that the shelter reserves the right to refuse the adoption of any animal*

Which animal are you interested in adopting:

Name: _____ Breed: _____

Have you owned a dog before: [] Yes [] No

Have you ever adopted from a shelter before? [] Yes [] No Which Shelter?: _____

Have you ever surrendered an animal to a shelter? [] Yes [] No Which Shelter?: _____

Please provide information regarding your living arrangements:

_____ Own _____ Rent _____ House _____ Apartment _____ Multifamily _____ Condo
_____ Public Housing _____ Mobile Home _____ With Parents _____ Student Residence

How long have you lived at this address?: _____ Are you planning to move in the next six months?: _____

If you do move, what will you do with pet?: _____

If you rent, please list name of owner: _____
phone #: _____

Have you obtained permission for a pet? [] Yes [] No

How many people live in your home: _____ Adults _____ Children Age of Children: _____

Does anyone in your home have allergies to pets: [] Yes [] No

Please tell us about your current pets:

Dog/Cat/Breed	Name	Age	Spay/Neuter	Vaccinations Current
____/____/____	_____	_____	____/____	_____
____/____/____	_____	_____	____/____	_____
____/____/____	_____	_____	____/____	_____

Please tell us about any pets you don't have currently, but had within the last five years:

Type (canine/feline/other)	Breed	Length of Ownership	What happened to pet?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name and number of your veterinarian: _____

Can you afford veterinary care, grooming, emergencies, supplies and food for lifetime of this pet? [] Yes [] No

All animals making the transition from shelter to a new home need time to adjust to a new family and may require housetraining and behavior training. Are you willing to provide any needed training? [] Yes [] No

Would you consider professional obedience classes? [] Yes [] No

Please inform us about your plans for the pet:

Who will have primary responsibility for the pet's day-to-day care (feeding, grooming, exercising etc.)

Who will have the primary financial responsibility for the pet (food, veterinary care, training etc.)

What do you consider valid reasons for returning an adopted animal to the shelter? :

Pets can live up to 15 to 20 years, are you prepared to take responsibility for this time? Yes No

You may have to separate new pets from existing ones in order to introduce them in a gradual manner. Can this be done in your home? Yes No

Since many shelter animals have unknown medical histories, are you prepared to provide and pay for any necessary medical treatment that may occur after adoption? Yes No

Which of the following best describes your lifestyle? Check all that apply:

- Work long hours Busy household, visits from family, friends, children, party gatherings
- Noisy: active family, playful children, other pets Moderate: normal every day comings and goings
- Quiet: mainly "homebodies" Lots of children play at your house Live on busy street
- You have a very active lifestyle (i.e. jog, hike) You are moderately active (daily walks)
- You live a sedentary lifestyle (watch TV, read)

Tell us about the living arrangements you have planned for your pet. Check all that apply:

- How will your pet spend its days? Indoors Basement Crate while alone Porch
- Indoor Enclosure Outside Enclosure Will be an outside pet

How will your pet spend its nights? Check all that apply:

- Indoors Basement Garage Porch Indoor Enclosure Outdoor Enclosure

On an average, how many hours do you think you will leave your pet alone on a daily basis?: _____

Which of the following applies to your living arrangements? Check all that apply:

- Fenced in yard Tie-out in yard No fence, but will leash walk the dog Kennel Electric fence

Which of the following are you looking for in a canine? Check all that apply:

- Playful Good with other canines Affectionate Have lots of energy Lap dog
- Couch Potato Shy but not fearful of new people Likes felines Good watch dog
- Calm, quiet but lovable Walking partner Jogging/Running partner Not a nipper
- Must be completely house trained Willing to adopt a canine that is partially house trained
- Not a constant barker Must be good with children Other _____

I understand the above questions and authorize investigation of all statements contained in this application. I give Forever Paws Animal Shelter permission to contact my landlord, veterinarian, or references to verify said statements. I understand that misrepresentation or omission of facts called for is cause for denial of adoption.

Signature _____ Date: _____



FOREVER PAWS ADOPTION AGREEMENT

Adopting a pet is a lifetime commitment; therefore the shelter's adoptions are non-refundable!

(PLEASE INITIAL):

I understand that I am **not purchasing a pet but adopting and saving the life of a homeless pet**. I am financially able to care for this pet. I will not abuse or mistreat the animal or allow anyone else to do so.

I will not sell or give the adopted animal to anyone. If I am unable to keep this animal or unable to continue its care I will return it to Forever Paws.

I understand that the pet is from unknown origin and the medical history is not available.

I understand that Forever Paws is **not** responsible for any medical treatment and medical bills.

I understand that although the pet may appear healthy at this time, it could have a variety of medical problems, not immediately apparent to the shelter staff.

I understand that Forever Paws tries to place only healthy animals with a good disposition and will not knowingly adopt an unhealthy or unsafe animal. I understand that the shelter offers no guarantees, either expressed or implied, regarding the health disposition and/or breed of the animal adopted.

I understand that Forever Paws has a "NO REFUND OR TRANSFER" policy. I understand that following the adoption, I may return my pet to the shelter in certain circumstances.

I understand that there is an adjustment period with all new pets and that proper training is necessary for a successful relationship.

I release Forever Paws and its members and representatives of any claims arising for injury or damages caused by my pet to any person or property.

I understand and agree that in completing this application Forever Paws has the right to deny my application.

By signing below I hereby acknowledge that I have read the Adoption Agreement set forth on this page. I agree to be bound by all such terms in the event that this application is approved by Forever Paws.

Signature: _____ Date: _____
(v.8/16)