

FAYETTEVILLE ANIMAL PROTECTION SOCIETY, INC.
3927 Bragg Blvd.
Fayetteville, NC 28303
(910) 864-9040

ADOPTION APPLICATION

Welcome to the Fayetteville Animal Protection Society (FAPS). We are glad you have come to adopt a new pet from our shelter.

The following information is requested so your adoption counselor can assist you in the selection of a new pet. The animal's welfare is our foremost consideration. The consultation process is designed to help us determine if the adoption is in the animal's best interest and to assist you in finding the animal most compatible with your lifestyle.

The animals available for adoption have come from a variety of sources. All animals are examined upon entry and their health is routinely monitored while at the shelter, but there is always a chance that an animal is incubating a disease without showing any clinical signs. We check for heartworms and, if positive, treatment will be completed prior to adoption. All dogs are placed on monthly heartworm prevention while at our shelter.

Our adoption fee is \$100.00 for dogs and \$70.00 for cats. All adoptions come with a three (3) day-72 hour health guarantee. Within three (3) days of adoption, you may return the dog or cat to FAPS for any health reason, along with documentation from a veterinarian, for a full refund of adoption fees only.

After the three (3)-day health guarantee time period, adopted animals are the sole responsibility of the adopter. FAPS will NOT be responsible for any veterinary bills or other expenses incurred by the adopter.

Understand that FAPS reserves the right to deny the adoption of any pet. - No animal will be adopted to prospective owners who mislead or fail to provide accurate information on the adoption applications. Falsification of information will result in making the contract null and void.

FAPS conducts random home checks of adopters and reserves the right to make a home visit to check on the animal's welfare. If you fail to comply with the terms of our contract and/or state laws, confiscation of the animal may occur and ownership of the animal will revert to FAPS.

**WE FULLY EXPECT THIS DOG OR CAT TO BE A LIFETIME COMMITMENT.
IN ORDER TO BE CONSIDERED FOR AN ADOPTION, YOU MUST:**

- Be 18 years of age or older
- Have identification showing your present address
- Have the knowledge and consent of your landlord, and
- Be willing and able to spend the time and money necessary to provide training, medical treatment and proper care for the pet.

Please fill out the following questionnaire
UPON COMPLETION, APPLICATION WILL BE REVIEWED BY ADOPTION COUNSELOR

NAME _____ Date _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ DRIVER'S LICENSE/ID _____

EMAIL: _____

EMERGENCY CONTACT: FULL NAME AND PHONE NUMBER:

Active Military? _____ Yes _____ No

If yes and if you deploy, do you have a **pet care plan** in place _____ Yes _____ No

1. Do you currently live in a _____ House _____ Apartment _____ Condo _____ Mobile Home _____ Duplex?

2. Do you _____ Own _____ Rent?

3. If you rent, does your landlord allow pets? _____ Yes _____ No

4. If you rent, what is your landlord's name? _____

Landlord's phone number _____

5. What kind of pet are you here to adopt?

_____ Dog _____ Puppy _____ Cat _____ Kitten

6. Why do you want to adopt a pet? _____

7. Do you have a preference as to breed type, sex, age, length of hair, color of hair, etc. _____ Yes

_____ No.

If yes, what are your preferences:

8. Is this your first experience with a pet? _____ Yes _____ No.

9. What pets do you currently have in your household?

| Name | Type | Spayed/Neutered | Kept Where? | Age |
|-------|---------|------------------|------------------|-------|
| _____ | Dog/Cat | ____ Yes ____ No | ____ In ____ Out | _____ |
| _____ | Dog/Cat | ____ Yes ____ No | ____ In ____ Out | _____ |
| _____ | Dog/Cat | ____ Yes ____ No | ____ In ____ Out | _____ |

10. List pets owned in the past five (5) years other than those listed above.

| | <u>Type</u> | <u>Spayed/Neutered</u> | <u>Kept Where?</u> | <u>Age</u> |
|-----------|-------------|------------------------|--------------------|------------|
| Name_____ | Dog/Cat | ___Yes ___No | ___In ___Out | _____ |
| Name_____ | Dog/Cat | ___Yes ___No | ___In ___Out | _____ |
| Name_____ | Dog/Cat | ___Yes ___No | ___In ___Out | _____ |
| Name_____ | Dog/Cat | ___Yes ___No | ___In ___Out | _____ |
| Name_____ | Dog/Cat | ___Yes ___No | ___In ___Out | _____ |

What happened to the pet(s)? _____

11. Who is your veterinarian? _____

12. How long have you lived at the above address? _____

13. How many people live in your household? _____

Do all of the adults know you plan to adopt? ___Yes ___No

If there are children in the household, what are their ages? _____

14. Do you or does anyone living in your household have any known allergies to animals?
___Yes ___No. If yes, what kind and how severe? _____

15. Who will be responsible for the care of this pet? _____

16. Where will this pet be kept during the day? _____ Night? _____

17. How many hours will it spend alone without human companionship? _____

18. Where will the animal be kept when alone? _____

19. How did you hear about our shelter? _____

DOG ADOPTIONS ONLY

20. Do you want a dog for a: (Check all that apply)

___ House Pet ___ Guard Dog ___ Watch Dog ___ Companion ___ Gift
___ Company for another pet ___ Other reason _____

21. Do you have a fenced yard? ___ Yes ___ No. If Yes, how high? _____

22. Do you realize you will probably have to houstrain or re-houstrain your new puppy/dog? _____

23. Would you like information on how to houstrain your new puppy/dog? _____

24. Are you familiar with the Rabies Law of NC (NCGS § 130A-184) and the leash, tethering, containment and licensing laws in Cumberland County's Animal Services Ordinance, Article II ? ___Yes ___No

25. What will you do if your dog chews furniture or shows other destructive behavior?

26. Are you familiar with crate training or would you like information about it? ___Yes ___No. ___Info

27. Do you plan to take your dog to obedience training classes? ___ Yes ___ No.

28. Are you familiar with heartworm disease? ___ Yes ___ No.

29. Do you understand the importance of giving your dog heartworm preventative every month, and the severity of heartworm disease if the dog becomes infected? ___Yes___No.
30. How will you keep your dog confined to your property? (Check all that apply) ___ In House
 ___ Kennel ___ Fenced Yard ___ On Chain ___ Garage ___ Patio ___ On leash
 ___ Other means _____

CAT ADOPTION ONLY

31. Do you want a cat for a: (Check all that apply)
 ___ House Pet ___ Mouser ___ Companion ___ Gift ___ Company for another pet
 ___ Other reason _____
32. Will this cat be allowed outdoors? ___ Yes ___ No.
 If so, under what circumstances? _____
33. Do you plan on having your cat de-clawed? ___ Yes ___ No.
34. What will you do if your cat claws furniture or shows other destructive behavior? _____

35. I agree to provide adequate food, water, shelter and kind treatment at all times? ___ Yes ___ No
36. I agree that if I cannot place the animal into a good and loving home and have to return the animal to FAPS: I will abide with the following policy:
 If a dog or cat who has been adopted from FAPS is brought back **within 6 months**, has proof of adoption and has proof of current medical treatment there will be no charge.
 If a dog or cat who has been adopted from FAPS is brought back **after 6 months**, has proof of adoption, has proof of current medical treatment and is given a behavioral temperament test, there will be a \$50.00 surrender fee charge. I agree: ___ Yes ___ No
37. I understand that FAPS cannot guarantee the health, temperament or training of any animal and hereby agree to release FAPS from any liability once the animal is my possession ___ Yes ___ No.
38. I certify all the above answers to be true and correct and that I understand the information in this application. ___ Yes ___ No.
39. Put me on your mailing/email list.
 Do not put me on your mailing/email list.
 Email address _____

Potential Adopter's Signature: _____
 Date: _____
 Witnessed by: _____ Date: _____
 Notes: _____

