

AFAR Printable Adoption Application

Application Please print & fill out this Adoption Application and return it to us. Thank you!

AFAR Box 323 Perry, MI 48872-0323

PLEASE ANSWER ALL QUESTIONS

In order to be considered for an adoption you must:

- 1) Be at least 18 years of age
- 2) Obtain the knowledge and consent of all adults living in your household
- 3) Have a valid picture ID with current address
- 4) Understand that completing this application does not guarantee adoption & AFAR must approve the application
- 5) Agree to have **at least** two home visits.

Animal You Are Applying For:		Adoption Counselor Name & Date:	
Applicant		Co-Applicant	
First Name:		First Name:	
Last Name:		Last Name:	
Address:			
City:		State:	Zip Code:
Home (landline) Number:		Mobile Phone:	
Mobile Phone:		Additional Contact Number:	
Email Address:		Email Address:	
Do you own or rent your Home? Own Rent	I (we) live in a: House Apartment Condo Manufactured home in park. Other _____		How long have you lived at this address? Years _____ Months _____ If less than 5 years, previous address: Address _____ City _____ State _____ Zip _____
	If you rent, or live in a condo, do you have permission to have an animal? Yes No		Landlord or Condo Board phone number:
How were you referred to AFAR?			
Family/Household Information			
Number of adults in the household:		Relationships:	
Have all the adults in the household agreed to this adoption? Yes No			
Number of children in the household:		Names/ages of children:	
Have the children had pets before? Yes No		What type? Dog Cat Bird Fish Hamster Gerbil Ferret Guinea Pig Reptile Other _____	
Is anyone in the household allergic to pets? Yes No		Who?	
Why would you like to adopt an animal from us? (circle all that apply)			
Companion for self Companion for Child Companion for another pet Companion for household member Watch Dog Gift Other (please explain) _____			

Applicant - Employment Information - Co-Applicant

Applicant's Employer:	Co-Applicant's Employer:
Address:	Address:
Position Held: How Long?	Position Held: How Long?
Work Hours:	Work Hours:
Work Phone:	Work Phone::
Please list at least 3 work references: 1) 2) 3) 4)	Please list at least 3 work references: 1) 2) 3) 4)

PLEASE TELL US ABOUT ANY ANIMALS YOU CURRENTLY HAVE OR HAVE HAD IN THE PAST

Name	Breed/Type	Age	Male or Female	Spayed or Neutered	Outside or Inside Pet	Where are they now?

Veterinarian Information

Veterinarian #1 Name:	Veterinarian #1 phone number:
Veterinarian #2 Name:	Veterinarian #2 phone number:

New Animal Information

What brand/type of food do you plan on using?	Feeding how often?
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How much time are you prepared to allow your new pet to adjust to your home?	
Are you able to afford a bill of \$200-\$800 (or more) for emergency veterinary care?	
How much do you expect to spend on maintenance for your animal in a year?	
Are you committed to providing a responsible home for your animal's entire life (15 + years?) Yes No	
How will you accomplish this?	
If you have to move, what do you plan to do with your animal?	
Who in the household will be the animal's primary caregiver?	
Where will the animal stay when you are home?	
How many hours will your animal be left alone without human companionship? Hours _____	
When: (days per week) _____	
Where will the animal stay in your absence?	
If you work from home, how many hours during your workday can you honestly devote to the animal?	
How will you accomplish this?	
What outside areas will be available? (Circle all that apply) Fenced yard Balcony Kennel Dog Run Covered Patio Other _____ What inside areas will be available?	Where will the animal be kept during the evening? What areas (inside or outside) will be off limits?
When will the animal be inside? (Circle all that apply) Most of the time At night In and Out Never Other: _____	Where will the dog sleep? (Circle all that apply) Outside Run of the house Crate or Flexi Pen Run of the house Which room(s)? _____
Do you have a doggie door? Yes No	
How will animals obtain access to relieve themselves?	
How often will you take your animal outside?	If adopting a puppy, will you agree to complete a puppy training class? (circle) Yes no

What method will you use to house train your dog?			
Do you have a fenced in yard? Yes No		Fence Height: Type:	
Does your yard provide shade? Yes No Partial Other:		Type: (Trees, Patio Covered porch, etc.)	
Do you have a pool? Yes No	If yes, does the pool have it's own fencing around it to prevent the dog from going into the pool when out in the yard? (circle) Yes No		
Have you ever surrendered an animal to a shelter? Yes No Under what circumstances?			
Under what circumstances would you not be able to keep this new animal? (Circle all that apply)			
Digging	Biting	Excessive Barking	Divorce Moving
Poor Watchdog	Destructive Chewing	Shedding	Allergies Excessive Vet Bills Accidents Indoor
New Spouse/Partner doesn't like	Aggressive with other dogs	Growling at guests	
Keeps Running Away	Becomes Sick	None of the above	
Other _____		What will you do in that event?	

Please List (at least) 4 Personal References

1. _____

(Name)
(Relationship)
(Phone Number)

2. _____

(Name)
(Relationship)
(Phone Number)

3. _____

(Name)
(Relationship)
(Phone Number)

4. _____

(Name)
(Relationship)
(Phone Number)

5. _____

(Name)
(Relationship)
(Phone Number)

By signing below, I certify that the information I have given is true and correct. I also give my Veterinarian permission to release any vet care records & information about my current & past pets to AFAR. Additionally, I understand that AFAR reserves the right to deny my application for any reason, and is not under any obligation to divulge the reason.

Signature _____ Date_____

Co-Applicant Signature _____ Date_____

AFAR Representative Signature _____ Date_____