Forrest City Area Humane Society
Adoption Application & Contract
PO Box 2019
Forrest City, AR 72335

Pet name_____ case #_____ Adoption fee:_____ cash or check
Gender M F Age_____

APPLICANT CONTACT INFORMATION:

Print Full name: _____**Your age?____**

Spouse: _____ ___Their age? _____

Number of people in your household: ___ Number of children __ and their ages:_____

Please list names and relationships of all adults (over 18) living in your household:_____

Your address: _____

City/State: _____ Zip: _____

Your Phone: _____DL or ID#: _____ email:_____

Spouse's phone: _____, **Spouse's Work Phone**:_____

Do you work outside of the home? YES NO, **Personal email:**_____

Dear Adopter,

We want to place our animals in permanent responsible homes and match the pet that is suitable for your family and your lifestyle. Please circle for your family's lifestyle?

Active & on the go Quiet & relaxed Entertain frequently Kids in & out Travel frequently

Other, please explain: _____

Why did you decide to get a pet? _____

What type of dog would you like? ADULT DOG YOUNG DOG PUPPY SENIOR

Are you open to adopting a dog with special needs? YES NO

Are you aware of the time it takes for a dog/puppy to become acclimated to its new home and family?

YES (I am aware it can take up to 3 months) or NO

Number of people in your household: ___ Number of children __ and their ages:_____

Please list names and relationships of all adults (over 18) living in your household:

_____

_____

Do you live in a: House Apartment Condo Mobile Home Duplex Town House

Other_____ How long have you lived at the above address?_____

If you rent do you have permission from your landlord to get a dog? YES NO DON'T KNOW

How many pets are allowed? _____

Is there a pet deposit or monthly fees required? YES NO

Are you aware of any breed or weight restrictions? YES NO

Please contact your landlord and give them permission to speak with us.

Landlord Name: _____ **Phone Number:** _____

Do you have pets now? YES NO

Dogs___ How many? _____ Their names:_____ Ages:_____,

Breeds:_____ **Are they sterilized:** YES NO

Cats___ How many? _____ **Are they sterilized:** YES NO

Other _____

Have you adopted from FCAHS before? YES NO.

Another shelter? YES NO If yes, where? _____

How did you hear about us? _____

What is the name of your Veterinarian? _____ **Phone**:_____

Under whose name are the animal's medical records be listed? _____

Relationship to you: _____ Date of last visit? _____

Please contact your vet and give them permission to speak with us.

Are all pets up to date on rabies vaccinations? YES NO

Are all dogs on heartworm preventative? YES NO

Are all pets on flea and tick preventive? YES NO

List pets in the last 5 years no longer living with you or deceased pets who are no longer with you and the reason: _____

If you have no history with a veterinarian who can provide a reference please provide the name and phone number of two personal/professional references:

_____

_____

Is your yard completely fenced in? YES NO How tall is your fence: _____ ft.

Fencing material is made of: _____

If you don't have a fence, how will you keep the dog contained onto your property? _____

Are you prepared to walk your dog multiple times daily in spite of weather conditions? YES NO

Where will the animal primarily be kept? Indoors____ Outdoors____ Indoors mostly with outside on nice days_____

Where will your pet sleep at night? _____ **How many hours a day will it be alone?** ___

Will you crate train? YES NO

Are you willing to work through any challenges that may arise while the pet becomes acclimated? YES NO

Where will the pet be kept when you are not at home? _____

When you travel? _____

Are you financially prepared for any unexpected expenses such as an emergency or chronic illness?
YES NO UNSURE

Forrest City Area Humane Society makes NO CLAIMS or representation as to the temperament, health, or mental disposition of any animal put up for adoption.
Please read the information below and sign your name and date if you agree to these commitments to your pet.

1. To make a 10 to 15 year commitment.

2. To provide proper and adequate food, water, shelter and care at all times.

3. To provide routine and emergency veterinary care to prevent and cure illnesses as deemed necessary.

4. To keep a regular routine of heartworm preventative and flea/tick control.

5. To accept the animal as is.

6. To not chain or tie-up said animal and leave it outside.

7. To obey local and state laws regarding rabies, sterilization and animal control laws.

8. To not sell, give away or abandon said animal at any time to family or anyone, but to return it to the Forrest City Area Human-e Society in the event you can no longer keep the pet.

9. Forrest City Area Humane Society is in no way responsible for any damages which the animal may cause to another person/animal or property*. Please Initial*_____

Sterilization Contract (If Applicable)

In accordance with Arkansas State Law, I hereby agree to have this animal sterilized (if not already) by a licensed veterinarian of the Forrest City Area Humane Society's choosing or to return the animal and/or forfeit any amounts paid. (Violators are considered a misdemeanor subject to an additional $100.00 fine plus court cost.) *Please Initial*_____

If we have trouble obtaining the animal for state law required sterilization, we will seek this matter through the judicial process and/or may request forfeiture of the adoption and immediate seizure of said animal placed up for adoption. *Please Initial*_____

I understand that if for any reason I cannot keep my adopted dog I must not give away or abandon the dog, but I must return the dog to Forrest City Area Humane Society. *Please initial* _____

The information I have given in this application is correct to the best of my knowledge. I understand that Forrest City Area Humane Society *reserves the right to approve or reject* this application.

By signing below, I hereby give permission to the Forrest City Area Humane Society for the release of my animal health records both past and present and to contact my landlord members.

I am financially able to provide routine and emergency care for this dog for his/her lifetime. This includes but is not limited to food, boarding (if necessary), regular vet care, heartworm preventative, and flea/tick preventative.

Thank you for your interest in rescuing a pet from FCAHS

Applicant's Signature _____ Date_____

Spouse Signature _____ Date_____

Co-Applicant Signature_____Date_____

FCAHS Member_____Date_____

FCAHS Member_____Date_____

OFFICE USE ONLY

Dog Name_____ Case#_____

Age_____ Gender_____

Adopter Name_____

____ Approved Application

____ Denied Application; unable to approve at this time; reason: _____

Adoption Committee, check all that apply when reviewing:

Landlord Phoned: Approved Denied

Deposit of $_____ required for pet deposit; PAID PENDING PAYMENT ADDED TO RENT

Veterinarian Phoned Excellent Good Fair Poor Questionable

Current Pets in Home Altered? YES NO **Current Pets UTD on Shots?** YES NO

Current Pets on H/W and flea/tick Prevention? YES NO

Fencing Checked? YES NO
Condition of Fence? Excellent Needing Minor Repairs Needing Major Repairs No Fence
Type Of Fencing & Height **Checked by**_____

FCAHS Signature _____