



Forgotten Dogs Animal Rescue Adoption Questionnaire

www.forgottendogsanimalrescue.org

contactfdar@gmail.com

Please read this application and answer each question completely, sign it and return it to FORGOTTEN DOGS ANIMAL RESCUE. If an adoption takes place, a separate Agreement will be completed.

The application/adoption process requires:

- A home visit/yard check to insure the safety/security of our animals.
- A two-week trial to make sure the dog is a good fit for your home/family

Date: _____ Name of Dog(s) for which you are applying: _____

Applicant's Name: _____

Date of Birth: _____ Married _____ Single _____ Living w/Partner _____

Address: _____ Years: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

E-mail: _____

Occupation: _____ Company: _____

Years Employed: _____ Work Phone: _____

I live in a: House _____ Condo _____ Apt _____ Other: _____

_____ I rent my home. **OR** _____ I am the homeowner. My name is on the deed.

If renting, does your lease allow pets? Yes _____ No _____

Is there a pet fee? Yes _____ No _____

OTHER PEOPLE IN THE HOME:

Please list the names and ages of all persons living in the home:

Who will be the primary care giver for this dog? _____

When you go on vacation, who will care for this dog? _____

YOUR DAILY SCHEDULE

How many hours is the primary caregiver out of the home each day, including travel?

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

YOUR LIFESTYLE

How often do you walk your dog(s)? _____

Are your dogs walked on or off leash? _____

Do you use a crate? _____

If "Yes", how often and for what purpose(s)? _____

For how many hours per day is your dog crated? _____

Other info _____

If something were to happen to the primary care giver, who would care for this animal?

_____ Age: _____ Phone _____

Has this arrangement been agreed upon? Yes _____ No _____

Have you ever lost or given away a pet? Yes _____ No _____ If "Yes", please explain the

Circumstances: _____

DO YOU PRESENTLY HAVE ANY PETS?

CURRENT PETS:

Name of Pet:	Species/Breed:	Age:	Current on Vaccinations?	Spayed or Nuetered?

Vet Name and Contact Information *(Please let your vet know that we will be contacting.)*

Is there other information you would like to share?

**The following statement must be signed before any adoption process can begin:
I certify that I am at least 21 years of age. I understand that a dog can live as long as 15 years. I am ready to make a commitment to feed, shelter, protect and care for my pet for the rest of his/her life.**

I verify that the above is true and any false information will nullify this application.

**FORGOTTEN DOGS ANIMAL RESCUE reserves the right to refuse adoption for any reason.
Adoptions are not made on a first come, first serve basis.**

Signature: _____

Date: _____

Forgotten Dogs Animal Rescue, Las Vegas, NV

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501(c)(3) non-profit organization

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