FOCCAS, Inc. - Shepherd and Husky Rescue

P.O. Box 641, Inverness, Fl 34451

(a 501(c)(3) nonprofit charitable organization)

ADOPTION SCREENING

- ** Completed application can be scanned & emailed to FOCCAS@tampabay.rr.com or mailed to our PO Box **
- Please fill out your application <u>completely</u>. If you do not fill out the application in FULL, or are not 100% truthful, your application will be discarded without further notice. If a question does not apply to you, fill in the blank with "N/A".
- Applicants must be at least 18 years old or older.
- We do not reserve or hold dogs.

Adoption Screening Application

WHICH PET YOU ARE	INTERESTED IN ADOPTI	NG			
GENERAL INFORMAT	ION ABOUT YOU AND YO	OUR HOUSEHO	LD:		
Name:					
Address:					
City:		State:_	Z	ip Code:	
Home Phone:	Cell Phone:	W	Work Phone:		
Email:					_
Your Employer:					
•	st describes your current reside ex Mobile Home Condo				
Do you rent or own? O	wn Rent/Lease Live W	ith Parents			
If renting, please list Landl	ord's Name:		Lanc	dlord's Phone	e Number:
How long have you resided	d at this address?				
Does your residence have a	a (check all that apply:)	Yard F	ence	Dog Run	Dog Door
If fenced please specify typ	be and height of fence:				
How many people are in you Number and age of Adults Number and age of Children		<u>ed</u>)?			
Do you currently have other	er pets? If yes, please list all cu	irrent pets and hov	w long yo	ou have had t	them:
Please provide your curren Vet Name: How long have you been w	•	Phone	:		
YOUR APPLICATION TO	HT TO REFUSE OR REJECT O BE REVIEWED, DEPENDI OU WILL BE CONTACTED	ING ON THE VO	LUME (OF APPLICA	
I certify that the information	on I have provided is accurate a	and honest.			
Signature:		Date:			

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