

# Adoption Application

Friends to the Forlorn Pitbull Rescue, Inc.

www.friendstotheforlorn.org

PO BOX 2316

Dallas GA 30132



## Procedure:

- Completely fill out the application and return to [adopt@friendstotheforlorn.org](mailto:adopt@friendstotheforlorn.org).
- All fields are required. Incomplete applications will be denied.
- You will hear back within 7 days, or please assume your application was not selected.
- For applications selected, a vet-check will be done, then a home visit made.
- If the adoption is approved, you will begin the two-week foster-to-adopt trial period and then finalize the adoption by completing the adoption contract.

Submission Date: \_\_\_\_\_

Dog Choice #1: \_\_\_\_\_

Dog Choice #2 (optional): \_\_\_\_\_

Dog Choice #3 (optional): \_\_\_\_\_

Dog Choice #4 (optional): \_\_\_\_\_

Please list any preferences (age, sex, breed, color, personality):  
\_\_\_\_\_  
\_\_\_\_\_

## PART 1 – APPLICANT INFORMATION

Please print identification information clearly, *especially email address*.

Applicant(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Since (mo/yr): \_\_\_\_\_

Occupation: \_\_\_\_\_ Distance from home: \_\_\_\_\_

Are you or your significant other/spouse active military?  Yes  No

## PART 2 – PERSONAL INFORMATION

1. For whom are you adopting the dog?  Self  Family  Gift  Other: \_\_\_\_\_
2. Why do you want to adopt a dog? \_\_\_\_\_
3. Who will be the main care-giver of the dog? \_\_\_\_\_
4. What do you think are the most important responsibilities in owning a dog?  
\_\_\_\_\_
5. Have you submitted an application with another organization for a dog at this time?  Yes  No
6. Have you ever had an adoption application from an animal welfare group/animal control facility declined?  
 Yes  No  
If yes, please explain:  
\_\_\_\_\_
7. Your age(s): \_\_\_\_\_
8. You live with:  Alone  Spouse/Partner  Roommate(s)  Children (under 21)  Parents  
 Other: \_\_\_\_\_
9. How many people live in your home? \_\_\_\_\_
10. Are there any children in the household (under 21)?  Yes  No
11. If yes, what are their ages? \_\_\_\_\_
12. How many adults (21 and older) in your household? \_\_\_\_\_
13. How far would you be willing to travel to meet a pup? \_\_\_\_\_
14. If needed, would you pay for or assist with shipping expenses?  Yes  No
15. Does any member of the family have any allergies to animals?  Yes  No  
If yes, please explain: \_\_\_\_\_
16. Describe the kinds of personal situations where you might have to return or rehome your adopted dog:  
 Job loss/change  Birth of children  Moving  Change in marital status  Allergies  
 Not getting along with pets/children  Not enough time  Aggression  Medical costs  
 Behavior issues/too much energy  Other  
Please explain: \_\_\_\_\_
17. What would you do if you could not keep the animal? Please be specific:  
\_\_\_\_\_
18. If you move, will you take the dog?  Yes  No
19. Does anyone smoke in the house?  Yes  No

### PART 3 – PUP’S LIVING SITUATION AND LIFESTYLE

20. Pup's living situation (please check all that apply):

- Pup will be house pet, living inside with family with access to outside for potty & play
- Pup will live primarily in basement or garage area
- Pup will live outdoors in yard
- I will provide a dog house outside for shelter for the dog while it lives outside
- Guard dog for: Business  Residence
- Other: \_\_\_\_\_

21. How many hours per day will the pup be home alone? \_\_\_\_\_

22. When home alone, the pup will be (please check all that apply):

- In dog crate inside     In dog crate outside     Loose in fenced yard     Loose in an unfenced yard
- In dog pen/kennel/run outside     On a cable/runner hooked to the ground in the backyard
- On a zip line runner that attaches to a tree or above     Securely fastened with a metal chain outside
- Gated in a separate area (kitchen, bathroom, etc)     Loose inside a separate closed room
- Loose Inside home     Other: \_\_\_\_\_

23. How will you exercise the pup? (check all that apply)

- Leash walks every day
- Will have cable or pup run in the yard
- Will have an outside kennel/dog pen for play and exercise
- Will be free to run in fenced yard
- Will have supervised access to unfenced yard
- Will be free to roam around (Off leash and unsupervised in unfenced area)
- Will bring to a dog-park (Public area where pups can run and play together off-leash)
- Other: \_\_\_\_\_

24. Where will the dog sleep at night? \_\_\_\_\_

25. How will the dog be cared for during overnight absences or while on vacation?  
\_\_\_\_\_

26. Home Setting:     Urban     Suburban     Rural

27. Yard Size:     Small     Medium     Large    Approximate Acres: \_\_\_\_\_

28. Is the yard fully enclosed by a fence?     Yes     No  
If yes, please describe height, length, and type of fencing: \_\_\_\_\_

29. Home Type:     House     Apartment     Townhome     Trailer/Mobile Home     Condo  
 Other: \_\_\_\_\_

Name of building, complex, or neighborhood (if applicable): \_\_\_\_\_

30. Do you own the property?  Yes  No

31. If you are renting, please provide your landlord's name and contact info for verification:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

32. If your landlord allows dogs, are there weight/size/breed restrictions?  Yes  No  Unknown

If yes, please describe the restrictions: \_\_\_\_\_

33. If renting, is there a pet deposit?  Yes  No

If yes: How much is it? \_\_\_\_\_ Have you already paid the deposit?  Yes  No

34. Does your municipality, complex or homeowners' association have breed specific restrictions?

Yes  No  Unknown

If yes, please describe the restrictions: \_\_\_\_\_

#### PART 4 – OTHER PETS AND EXPERIENCE

35. Do you have other Pets living with you now?  Yes  No

If yes, please list below:

| Name | Type | Breed | Age | Spayed/Neutered  | Owned for how long? |
|------|------|-------|-----|--|---------------------|
|      |      |       |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |
|      |      |       |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |
|      |      |       |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |
|      |      |       |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |
|      |      |       |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |
|      |      |       |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |

36. Who is your current vet(s) for the above pets and/or the vet(s) that last did your pets annual vaccines & check up?

Name: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

37. Describe all pets you previously owned in the last 10 years:

*If you have had more animals than space provided, please use an additional sheet of paper and attach to this form.*

a. Name: \_\_\_\_\_ Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered?  Yes  No

Primarily Indoor or Outdoor? Please explain: \_\_\_\_\_

What year did you acquire the pet? \_\_\_\_\_

How did you acquire the animal? \_\_\_\_\_

Year deceased (or last year you had pet): \_\_\_\_\_

Cause of death or describe where pet is now: \_\_\_\_\_

Main vet who cared for this pet (name and phone): \_\_\_\_\_

b. Name: \_\_\_\_\_ Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: \_\_\_\_\_ Spayed/Neutered?  Yes  No  
Primarily Indoor or Outdoor? Please explain: \_\_\_\_\_  
What year did you acquire the pet? \_\_\_\_\_  
How did you acquire the animal? \_\_\_\_\_  
Year deceased (or last year you had pet): \_\_\_\_\_  
Cause of death or describe where pet is now: \_\_\_\_\_  
Main vet who cared for this pet (name and phone): \_\_\_\_\_

c. Name: \_\_\_\_\_ Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: \_\_\_\_\_ Spayed/Neutered?  Yes  No  
Primarily Indoor or Outdoor? Please explain: \_\_\_\_\_  
What year did you acquire the pet? \_\_\_\_\_  
How did you acquire the animal? \_\_\_\_\_  
Year deceased (or last year you had pet): \_\_\_\_\_  
Cause of death or describe where pet is now: \_\_\_\_\_  
Main vet who cared for this pet (name and phone): \_\_\_\_\_

38. Who is the vet you will use for your new pet? \_\_\_\_\_

39. Please describe what kind of veterinary care do you plan to provide:  
\_\_\_\_\_

40. What brand and type of food will you feed your new dog? \_\_\_\_\_

41. Have you considered the extra expenses that will come with having a dog, including vet care, food, supplies, equipment, toys, training and boarding? Please explain:  
\_\_\_\_\_

42. Are you willing to take the time to housebreak a dog, and do you understand that changing a dog's environment may cause the dog to have accidents?  Yes  No

43. If you are applying for a puppy/dog who is not housetrained, how will you housetrain the dog?  
\_\_\_\_\_

44. If a behavioral problem arises, what steps will you take to work on it?  
\_\_\_\_\_

45. How would you discipline the dog? \_\_\_\_\_

46. What will you do if the dog gets into trouble by ruining something you value, such as chewing your couch, door frame or favorite shoes?  
\_\_\_\_\_

47. Will you take obedience training? \_\_\_\_\_

48. Have you ever obedience-trained a dog before? \_\_\_\_\_
49. Will the dog ride in the back of a pick-up truck, tethered or untethered?  Yes  No
50. Are you familiar with heartworm disease?  Yes  No  
If yes, how would you prevent it? \_\_\_\_\_
51. How does a dog get heartworms? \_\_\_\_\_
52. Please list the types of behavior problems you consider NOT acceptable:  
\_\_\_\_\_
53. If your dog became aggressive towards the other pets in your home would you be able to manage this?  
If so, how? \_\_\_\_\_
54. At what point would you consider euthanasia should your dog become ill, injured or have behavior issues?  
\_\_\_\_\_
55. What is the most you would consider paying per incidence for emergency care or major medical needs, such as surgery if the prognosis was good?  
 \$0-\$500  \$501-\$1,000  \$1,000-\$2,500  \$2,501-\$5,000  \$5,000+  Any amount/No limit
56. Of all the dog breeds and types available why do you want to adopt a pitbull-type dog?  
\_\_\_\_\_
57. Please relate any prior experience you have had with pitbull-type dogs:  
\_\_\_\_\_

## PART 5 – LIABILITY AND RESPONSIBILITY

58. By checking YES you agree to absolve Friends to the Forlorn Pitbull Rescue and all of its representatives from any liability in reference to the pup that you are interested in or adopt.  Yes  No
59. By checking YES you agree that the pup will not be used in any illegal activities nor be found at any time in a municipality where pitbull presence is illegal.  Yes  No
60. By checking YES you agree that the pup is to be kept as a house pet. It shall not be sold for medical or experimental purpose, and it shall not be used for fighting or breeding.  Yes  No
61. By checking YES you agree that if you are chosen to adopt the pup, you will review and agree to an adoption contract, which is wholly in the pup's best interests  Yes  No
62. By checking YES you agree that if you ever need to relinquish the animal during its life, you will contact Friends to the Forlorn Pitbull Rescue for its surrender.  Yes  No

**PART 6 – REFERENCES**

63. Please supply the name and phone number of your current veterinarian, or the one who saw your previous pet(s). If you don't have a vet, please provide the name of your employer, clergyman, or anyone not related to you who can attest to your character.

*Vet references are preferred and required if you have a vet history.*

| Name | Phone | Relationship |
|------|-------|--------------|
|      |       |              |
|      |       |              |
|      |       |              |

64. Additional information you would like to provide about yourself and/or the pup you would like to adopt:

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**THANK YOU for your interest in adopting or fostering a Friends to the Forlorn dog!**

Our volunteer rescue and rehabilitation efforts are funded through adoption donations and contributions. We receive no public funds. Friends to The Forlorn Pitbull Rescue, Inc. has 501(c)3 nonprofit status.

*I have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined. Also, if an omission or untruth is discovered after an adoption takes place, I understand that the Friends to the Forlorn Pitbull Rescue reserves the right to annul the adoption and reclaim the animal. I give Friends to the Forlorn Pitbull Rescue permission to fully investigate the information provided as well as contact veterinarians and related officials. If the application passes this review, I agree to a home and yard visit on a mutually agreed date by a Friends to the Forlorn Pitbull Rescue volunteer before an adoption decision is made.*

*In addition, I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received on this animal. I understand it is the organization's prerogative to decide which home is most appropriate and that their decision is final, and therefore I will not argue with the decision. Unless otherwise indicated by Friends to the Forlorn Pitbull Rescue, I am free to apply and undergo the application process in the future.*

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Full Name(s): \_\_\_\_\_