

Pope Memorial Frontier Animal Shelter Inc.

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Orleans, VT 05860

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Email: animals@fasv.comcastbiz.net Website: www.frontieranimalsociety.com



PMFAS staff do their best to respond in a timely manner but processing periods are subject to change based on response time, weekends, and holidays. Please reach out with questions regarding your application after 48 hours of submission.

Which animal are you interested in? _____ Date: _____

Adopter's Name: _____ Co-Adopter: _____

Email Address: _____ Home/Cell Number: _____

Mailing address: _____

City/State: _____ Zip Code: _____

Street address, if different: _____

Age if under 21: _____ How long have you lived at your current address? _____

Do you own or rent your home? _____ Landlord name/phone number: _____

Please circle your answers to the following questions:

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

Which best describes where you live? City Town Outside of Town Country

Describe the traffic by your home: Heavy Moderate Occasional Very Little

Place of Employment: _____ Full Time Part Time Retired Student

Best describe your household: Quiet Moderate Active Athletic Chaotic Daycare

What reason(s) do you want a pet? Family Pet Companion Protection Hunting Mouser Barn Cat

Who are you adopting this animal for? _____

How many adults live in your home? _____ Children? Please list ages: _____

When you are unavailable to take care of the animal (per emergency, vacations, health etc.), who will? _____

How many hours per day will this pet be left alone? _____

Have you ever adopted an animal from a shelter before? If so, when and where?

Have you ever surrendered a pet to a shelter? If so, why?

Cat Applicants:

Will your cat be indoor, outdoor, or both?

Do you plan to have a litter box?

Do you plan to de-claw this cat and if so, why?

Dog Applicants:

Where will your dog stay when you are not at home?

When your dog is outside, how will you control him/her?

Where will your dog sleep?

If training is recommended, are you willing to pay for and attend these classes?

Please list all of the current pets **and/or** those you have owned in the past five years.

Please clearly note if you **do not** have any current pets.

Animal Name/Species	Fixed?	When did you get this pet?	Where did you get this pet?	Where is this pet now?	Is this pet UTD on vaccinations?

Who is your current and/or past Veterinarian? Name: _____

City/State located in: _____ Phone #: _____

Please clearly note if you have taken them to traveling clinics or multiple/different vet offices.

Are you aware that the cost of vet care annually can be anywhere from \$60.00 to an excess of \$250.00 and are you willing to make this commitment? Will you provide your pet with annual vet check -ups, rabies vaccinations as required under Vermont State law, and additional visits if needed? Yes _____ No _____

Please list two personal references that are not directly related to the adoptee. Please include contact numbers.

- 1.
- 2.

PLEASE READ BEFORE SIGNING The Pope Memorial Frontier Animal Shelter (PMFAS) reserves the right to verify all information given on this application. Any misinformation or falsification will result in automatic refusal of an animal or confiscation of the animal if the adoption has already taken place. Completion of this application does not guarantee adoption from PMFAS. In order to be considered as an adopter you must: Be 18+ years of age, fully fill out the adoption application, and reach out to your references, vet, and landlord to confirm PMFAS staff can speak with them about the adoption process and requirements.

Signature: _____ Date: _____