

Pope Memorial Frontier Animal Shelter Inc.

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



Applications are subject to a processing period of 48-hours.

Are you interested in a dog or cat? _____ Date: _____

Which animal are you interested in? _____

Please state your *full name*. If you are *co-adopting* with someone, please list their full name as well.

Your Name: _____ Co-Adopter's Name (if applicable): _____

Preferred name and pronouns: _____

Email Address: _____ Home and/or cell phone number: _____

Adopters Year of Birth: _____

Mailing address: _____

City/State: _____ Zip Code: _____

Street address, if different: _____

How long have you lived at your current address?: _____

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

How many adults live in your home?: _____

How many children, and what are the ages?: _____

Describe Your Employment Status (circle your answer): *Full Time* *Part Time* *Retired* *Student*

Place of Employment: _____

General Home Life Questions

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*

What word(s) 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*

Describe the people that your animal will need to be able to live with (Circle ALL that apply):

Children under 8 Children 8+ Teenagers Other Adults Frequent Visitors/ Guests

Describe your home and the environment where the animal will primarily live and spend time:

Is your home smoke free? YES NO (please circle one)

Who are you adopting this animal for?: _____

Who will be responsible for the care of this animal?: _____

Who will care for this animal when you go out of town?: _____

Who will care for the animal in the case that you have a personal emergency?:

What will you do if your lifestyle ever changes in the future (e.g, moving, job changes, family)?: _____

What experience do you have with cats or other pets?: _____

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

Have you ever adopted an animal from this shelter before? (Please Circle): YES NO

If so, when, and where is this pet now?: _____

Have you ever surrendered a pet to this shelter?:(Please Circle): YES NO

If so, why?: _____

How do you plan to handle any potential challenges, such as behavioral issues or health concerns after adoption?: _____

Describe any traits or characteristics that would be a challenge for you to handle:

Veterinary History/Information

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?: _____

Do you have an established relationship with a veterinarian? List current or past veterinarians you have used: _____

Who is your Veterinarian? _____ Phone Number: _____

How often and for what do you take your pet(s) to the veterinarian?: _____

Please list all pets in your home currently and/or have had in the past 5 years:

List each animal's name, type, age/sex, if they are spayed/neutered, and where the animal is now...

Animal Name/Species	Age	Sex/Spayed or Neutered? (YES OR NO)	Is this pet UTD on vaccinations?	Where did you get this pet?	When did you get this pet?	Where is this pet now? (If Deceased, please clarify)

For DOG OWNERS... Are your dogs licensed? If so, in which town?: _____

How do you think your current animals will adjust to a new cat or dog in the home? (Write in N/A if not applicable): _____

Personal References

Please list two personal references that are NOT family members, co-adopters, spouses, etc. with a telephone number:

1. Name: _____ Phone Number: _____

Relationship to the Adopter (Friend, Co-worker, etc.): _____

2. Name: _____ Phone Number: _____

Relationship to the Adopter (Friend, Co-worker, etc.): _____

(Personal Reference Suggestions: Friends, Neighbors, Co-workers, etc.)

Emergency contact (name, phone number) _____

Dog Applicants

Do you have a preference of age, sex, size, etc?: _____

Describe your ideal dog! What traits or characteristics are most important to you?: _____

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

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

Do you have a fenced in yard? _____

Where will your dog sleep?: _____

Are you interested in crate training? (Circle your answer): YES NO

Would you like training information? If obedience lessons are recommended, are you willing to pay for and attend these classes?: _____

Cat Applicants

Do you have a preference of age, sex, size, etc?: _____

Describe your ideal cat! What traits or characteristics are most important to you?: _____

Do you plan to let your cat outside?: _____

What kind of cat are you looking for (Please Circle Your answer):

INDOOR ONLY OUTDOOR ONLY BOTH INDOOR AND OUTDOOR

Do you plan to have a litter box?: _____

Do you plan to declaw this cat and if so, why?: _____

Is there anything else you would like us to know about yourself or your plans for a new pet?:

Disclaimer!

Thank you for your interest in adopting and taking the time to complete this questionnaire! Your responses will help us match you with the right animal. Please remember that submitting a questionnaire does not claim an animal or place an animal on hold for you. Once your questionnaire has been reviewed, you will receive a confirmation email with the next steps in the adoption process.

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. If, following verification, PMFAS criteria is not met, PMFAS reserves the right to refuse adoption. Animals adopted from PMFAS are to be placed in permanent homes where a lifetime of commitment can be assured. I, **(print name)** _____ grant permission for PMFAS to verify the information I have presented on this application. I also give the veterinarian/clinic named on this application permission to release information PMFAS may request in order to process this application.

*****I have read and agree to the Terms and Conditions*****

Signature: _____ Date: _____