

## Miss Fannie's Friends

P.O. Box 9021, Wichita Falls, TX. 76308

missfanniesfriends@gmail.com

## **APPLICATION FOR PET ADOPTION**

| Name  | Address                 |                     |
|---|-------------------------|---------------------|
| City  | State                   | Zip                 |
| How long have you lived at this address?                              |                         | housing? Apt./Condo |
| HouseOtherRent or Own?Lan IF YOU RENT: (Landlord's Permission in Writ |                         |                     |
| Phone (Home/Cell)   | Work                    |                     |
| Email address   | DOB                     |                     |
| Employer  | Length of e             | employment          |
| Co-Applicant:   |                         |                     |
| Name  | _Relationship           | Employer            |
| Home/Cell   | _Email address          |                     |
| Number of people in household   | _ls any family member a | allergic to pets?   |
| If children are in household, please list all ag                      | es:                     |                     |
|   |                         |                     |

## List all current animals and any animals you have had in the last 10 years

| Name                | Cat      | Dog       | Sex       | Breed & age          | Date of last       | Spayed/          | Where is Pet        |
|---------------------|----------|-----------|-----------|----------------------|--------------------|------------------|---------------------|
|                     |          |           |           |                      | Vaccinations       | Neutered?        | now?                |
|                     |          |           |           |                      |                    |                  |                     |
| 1:                  |          |           |           |                      |                    |                  |                     |
|                     |          |           |           |                      |                    |                  |                     |
| 2:                  |          |           |           |                      |                    |                  |                     |
| 3:                  |          |           |           |                      |                    |                  |                     |
| 4:                  |          |           |           |                      |                    |                  |                     |
| 5:                  |          |           |           |                      |                    |                  |                     |
| 6:                  |          |           |           |                      |                    |                  |                     |
| 7:                  |          |           |           |                      |                    |                  |                     |
| 8:                  |          |           |           |                      |                    |                  |                     |
| 9:                  |          |           |           |                      |                    |                  |                     |
| <u> </u>            |          |           |           |                      |                    |                  |                     |
|                     |          |           |           |                      |                    | . 0              |                     |
| Who will be respo   | nsible i | for the   | veterina  | ary costs of car     | ing for your new   | pet?             |                     |
| Veterinarian        |          |           |           |                      | Phone_             |                  |                     |
| Veterinarian        |          |           |           |                      | Phone_             |                  |                     |
| Please Initial Each | Quest    | ion if Y  | OU AGE    | REE:                 |                    |                  |                     |
| Our P               | olicy w  | ith cats  | is they   | must be <u>indoo</u> | r pets only. Do y  | ou agree with    | this?               |
| Our P               | olicy is | that ou   | ır cats w | vill NOT be decl     | awed. Do you ag    | gree with this?  |                     |
| Are yo              | ou prep  | ared to   | allow t   | ime for your ne      | ew pet to adjust t | to your home?    | )                   |
| Do yo               | u agree  | e to a fo | ollow up  | home visit wit       | hin 1 to 6 month   | s after adoption | on?                 |
| •                   |          |           | ·         |                      |                    | ·                | ten that is not old |
|                     | _        |           | -         |                      | ed in the adoptic  | -                |                     |
| PETS Low Costs Sp   | oay & N  | euter (   | Clinic.   |                      |                    |                  |                     |
|                     |          |           |           |                      |                    |                  |                     |
| The \$85.00 adopt   | ion fee  | include   | s FVRP-   | C vaccines, FIV      | and FELV testing   | , deworming,     | Rabies shot and     |
| Spay/Neuter.        |          |           |           |                      |                    |                  |                     |
|                     |          |           |           |                      |                    |                  |                     |
| Initial             |          |           |           |                      |                    |                  |                     |

| Relationship | PhonePhone |
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| Relationship | Phone      |
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