

Friends of Powell County's Pets, Inc.
P. O. Box 474
Stanton, Ky 40380
<http://fopcp.org/>

Our goal is to find a loving, responsible and permanent home for the animals in our care. Please be thorough and complete with your answers. We look forward to assisting you in your choice of a pet companion.

Names of Adults in household: _____

Name of the pet you are interested in adopting? _____

Dog _____ Cat _____ Male _____ Female _____ Breed _____

Number of children in your household: _____ Ages _____

Address (both mailing and physical)

We need two phone numbers where to contact you: Best time to call _____

Required references – preferably non-family members:

Name- _____ Phone: _____ Relationship _____

Name- _____ Phone: _____ Relationship _____

Are you employed? _____ Full time _____ Part time _____

Employer's name- _____ Spouse's employer- _____

Position _____ Position _____

What type of home do you have?

- | | |
|-----------------------|---------------------------------|
| a. Own home _____ | e. Live with parents _____ |
| b. Rent home _____ | f. Live with someone else _____ |
| c. Own trailer _____ | g. Rent apartment/condo _____ |
| d. Rent trailer _____ | h. Duplex _____ |

If you rent, do you have permission to own a pet? _____ Home visit ok? _____

By completing this application it is understood your intentions are to give this pet a permanent home. Is this correct? _____
(A trial period is an option if agreed upon by both parties) _____ & _____ (initial)

If you are adopting a dog, do you have a yard? _____ Is it fenced? _____
If no fence, how do you plan to ensure the dog has an adequate safe place for exercise?

Are you willing to provide and pay for necessary medical treatment and/or annual vaccinations that your new pet will need? _____

Are you willing to provide flea/tick and heartworm prevention on a monthly basis? _____

Where will this pet spend most days? _____
Where will this pet spend the night? _____

Pets are like people and need entertainment and companionship. Do you have adequate time in your day to spend with this pet? _____

Do you or any others in your household have an allergy to pets? _____

Are all members of your family agreeable to adopting this pet? _____

Have you ever surrendered or had to re-home a pet? _____ If yes, please explain

How many other animals do you currently own? _____ Cats _____ dogs _____ Other _____
Names of Pet(s) _____ (Vets ask us)

What type flea/heartworm medications do you currently use? _____

Are they up to date on vaccinations? _____ If not, why? _____

Are they spay/neutered? _____ If not, why? _____

Who is your current vet? (if applicable) _____

Phone # _____ Name on the account _____

Address - _____

Disclaimer:

Our animals are not for sale, they are for adoption. Therefore, each home must be approved. The approval process includes, but is not limited to, completing this form interviewing the prospective adopter and signing the contract. Receipt of a completed application does not guarantee approval.

I have read and understand the above disclaimer. _____ (signature)

Thank you for taking the time to give us this information. Your application will be reviewed and a member of F.O.P.C.P. will contact you as soon as possible. If you have further questions, feel free to email us at fopcpky@gmail.com

Statement of Intent and Agreement to Terms

- a. I promise to take my new pet to a licensed vet for annual vaccination and check-ups.
- b. Medical problems requiring vet attention may include: excessive hair loss, weight loss, chronic coughing, vomiting and diarrhea lasting more than 24 hours, appearance of worms in feces, runny, cloudy, or irritated eyes. I agree to seek veterinary assistance if I observe any of these symptoms in my pet.
- d. If for any reason I cannot keep the pet I adopt, I agree and promise to contact a member of FOPCP to return the animal or discuss options.
- e. FOPCP is in no way financially liable or personally responsible for this adoption or future acts of the adopted pet. In signing this application, I agree to hold FOPCP and those acting on its behalf harmless from any liability, expense or cost of defense resulting from acts of this animal and all problems, consequences or disputes resulting from the adoption of this pet.
- f. I understand the FOPCP, or anyone authorized to act on its behalf, may reclaim the above named animal from me if I do not fulfill this agreement.
- g. I agree and promise not to use this animal for dog-fighting purposes.
- h. All adoption fees are non-refundable after 2 weeks, no exceptions.

Signature

Date

Email address: _____
(Optional)