



The National Foundation for Animal Rescue

P.O. Box 565 Saddle River, NJ 07458

Dog Adoption Application

Pet You Are Applying For:				Date:			
Applicant/Co-Applicant Information							
Last Name:			First Name:			DOB:	
Last Name:			First Name:			DOB:	
Address:						Apartment #:	
City:			State:			Zip Code:	
Home Phone:		Cell Phone:		Work Phone:			
Email Address:							
Do you own?		Rent?					
How long have you lived at this address?				Any plans to move in the near future?			
Landlord's/Condo board's name:				Landlord's/Condo board's phone:			
How were you referred to NFFAR?							
Family /Household Information							
Number of adults in the household:			Relationships:				
Have all the adults in the household agreed to this adoption? Yes No							
Number of children in the household:				Ages of children:			
Have the children had pets before?							
Do you expect your current family situation to change?							
Is anyone in the household allergic to pets? Yes No					Who?		
Why would you like to adopt an animal from us? (Check all that apply)							
<input type="checkbox"/> Companion for self		<input type="checkbox"/> Gift					
<input type="checkbox"/> Companion for child		<input type="checkbox"/> Watch dog					
<input type="checkbox"/> Companion for another pet							
Pet Information							
Have you had pets in the past or do you currently have pets? Please tell us about them							
Name	Breed	Age	Gender	Spayed/Neutered	Where are they?		
			M F	Y N			
			M F	Y N			
			M F	Y N			
Veterinarian Information							
Veterinarian's Name:				Veterinarian's Phone:			
When was your current pet's last visit to a veterinarian and why?							

New Pet Information

How long have you been looking for a pet?

What will you feed your new pet?

How often will you feed your new pet?

How much time are you prepared to allow for your new pet to adjust to your home?

Are you able to afford a bill of \$200-\$800 (or more) for emergency veterinary care? Yes No

Are you committed to providing a responsible home for your pet's entire life (15+ years)? Yes No

If you have to move, what do you plan to do with your pet(s)?

Who in the household will be the dog's primary care giver?

When you are out of town, who will be the dog's primary care giver?

In case of emergency, who will care for your dog?

Where will the dog be kept during the day?

During the night?

How many times per day do you plan to take your dog outside?

How do you plan to house train your dog?

Do you have a fenced in yard? Yes No

If yes, what size and what type?

How many hours per day will your dog be left alone?

What would you do if your dog develops a problem with:

Digging:

Barking:

Chewing:

Separation Anxiety:

Aggression:

References (Non-Relatives)

Please list 3 personal references below:

1. _____
(Name) (Relationship) (Phone Number)

2. _____
(Name) (Relationship) (Phone Number)

3. _____
(Name) (Relationship) (Phone Number)

Designee

**If you become incapacitated and are unable to care for your dog(s), please list your official designee:
(non household member)**

1. Designee's Name _____ Phone _____

Address _____ Email _____

Application Information: All of the information I/We provided in this application is true and correct. If any of the information changes, I/We will advise NFFAR promptly.

Signature

Applicant:	Date:
Co Applicant:	Date: