



Welcome to the Flower Mound Humane Society. Thank you for your interest in adopting a rescued pet. The following information is requested so that our adoption counselors can assist you in the selection of a new pet. The animal's welfare is our foremost consideration. This consultation process is designed to help us determine if the adoption is in the animal's best interest, and to assist you in finding an animal most compatible with your lifestyle. Our adoption fee includes spay/neuter, first series of vaccinations, deworming, and heartworm or feline leukemia/aids testing as applicable.

Date: _____

In order to be considered as an adopter today, you must:

- Be 18 years of age or older
- Live in the D/FW area
- Have identification showing your present address
- Have the knowledge and written consent of your landlord
- Be able and willing to spend the time and money necessary to provide training, medical attention, and proper care for a pet.

Name: _____

Address: _____ Home Phone: _____

City, ST Zip: _____ Work Phone: _____

Email Address: _____ How Did You Hear About Us? _____

Are you interested in helping the Humane Society by becoming a volunteer? yes / no a member? yes / no

Before proceeding with this application, please initial each item below. This is required to proceed with an adoption.

I understand that:

_____ FMHS reserves the right to refuse adoption or placement to anyone. Adoption approval and refusal decisions are made solely at the discretion of FMHS. Falsifying information on the application will result in disqualification from adoption.

_____ All potential adopters/foster homes are screened for suitable placement of animals. By submitting this application, you give permission for FMHS to investigate and confirm the information that you provide, and you agree to a home visit if required. You agree that this information can be shared with other humane societies or rescue groups.

_____ You give permission for a FMHS representative to visit your home prior to adoption to do a home check and after adoption to do follow-up checks on your adopted pet.

_____ The animal may not be able to go home today pending a vet check, home visit, verification of other information, or medical treatments that the animal may require.

_____ I, _____ (print name), hereby give permission for any veterinarian providing service to me to release medical information on any/all of my animals to FMHS.

My current veterinarian is _____, located at _____ and can be reached at (_____) _____

I understand the above information, and agree to the requirements FMHS has in the adoption process.

Signature

Date

Name _____ Date _____

Please complete the following questionnaire. Upon completion it will be reviewed by one of our Adoption Counselors. Please be honest; it will help us help you select the right pet for your family.

1. Are you here to adopt an adult dog / cat or a puppy / kitten ?
2. Why do you want a pet? house pet guard dog watch dog gift companion for child/pet
3. Do you have any preferences as to breed, sex, size, coat length, etc? Please specify: _____
4. Is this your first experience with a pet? yes / no
5. Why would you like to add a dog or cat to your family at this time? _____

6. What qualities are you looking for in the animal that you would like to adopt? Be very specific (very active vs couch potato; want to do obedience/agility/flyball; etc) so that we can make the best match possible. _____

7. What do you expect to be the worst and/or hardest part about adopting a rescued animal, and how do you plan to deal with and address it? _____

8. Does anyone in your household have concerns about adopting this pet? If so, who, and what are the concerns? _____

9. Do all of the adults in the home know about this adoption? yes / no

10. Does anyone in your household have any known allergies to animals? yes / no

11. List pets currently in household:

Name	Type	Breed	Sex	Spayed/Neutered?	Kept Where?	Age

12. Are all of the pets in your household up-to-date on rabies and viral vaccinations? yes / no

13. List pets (other than those listed above) owned in the past five years:

Name	Type	Breed	Sex	Spayed/Neutered?	Kept Where?	Age	What happened to pet?

14. Do you currently own / rent a house / apartment / mobile home / duplex

If you rent:

Does your landlord allow pets? yes / no Is a pet deposit required? yes / no

How much? \$_____ per pet / per household Size/Weight Limit? yes / no Limit: _____

Can proof of deposit be obtained from your landlord? yes / no

Name of Apartment Complex or Landlord

Phone Number (required)

15. How long have you lived at your current address? _____ Are you planning to move soon? yes / no

16. If you had to move, what would you do with your pets? _____

17. Are you or your spouse a student? yes / no If yes: full time / part time

18. Do you or your spouse travel frequently? yes / no If yes, how often? _____

19. Where would the pet stay if you went out of town? _____

20. How many people live in your household? _____ Children's ages: _____

21. Who will be responsible for the care of this pet? _____

22. This pet will be kept: mostly inside mostly outside totally inside totally outside
23. How long will this pet be left home alone during the day? _____ hrs x _____ days/week
24. Where will this pet be kept while you are at work or away from home? _____
25. Have you considered the costs involved in adopting a pet (food, vet care, housing, etc.)? yes / no
26. Can you keep this pet away from other pets in the house for one week? yes / no other _____

Questions 27-32 pertain to dog adopters only:

27. Are you familiar with leash and licensing laws in your community? yes / no
28. Do you have a fenced yard? yes / no What kind of fence? _____ How high is it? _____
23. Do you realize that you will probably have to housetrain this dog? yes / no
24. Have you housetrained dogs before? yes / no If yes, how? _____
25. How long do you expect housetraining to take? _____
26. Are you familiar with crate training? yes / no Would you use it? yes / no
27. Do you plan to take your dog to obedience training? yes / no
28. Are you familiar with heartworm disease? yes / no
If you have or had dogs, are/were they on heartworm preventative? yes / no What kind? _____
29. How will you keep your dog confined? on leash / in house / fenced yard / dog run / chain / crate
30. How do you plan to transport this dog? _____
31. If you have cats, have they been exposed to dogs before? yes / no
32. No dog is perfect! Please tell us what behaviors you are unwilling or unable to work through. Please check all that apply: eliminating in the house digging destructive chewing escaping rowdy behavior aggression toward other dogs aggression toward cats aggression toward kids barking mouthiness jumping up scratching at doors thunderstorm anxiety separation anxiety other: _____

Questions 33-36 pertain to cat adopters only:

33. Do you plan to declaw this cat? yes / no If so, are you familiar with alternatives to declawing? yes / no
34. Have you litterbox-trained cats before? yes / no Where will you keep the litterbox? _____
35. If you have dogs, have they been exposed to cats before? yes / no
36. No cat is perfect! Please tell us what behaviors you are unwilling or unable to work through. Please check all that apply: eliminating outside the litterbox scratching furniture or carpet jumping on counters rough play (biting) meowing to go outside other: _____

For FMHS Use Only – Do not write below this line

Screener _____

Other: _____

Adoption Counselor _____

Approval/ Refusal