ANIMAL ALLY ACTION FUND

Folly's Fosters: A Program of Animal Ally Action Fund
910-620-3783

Adopter's name: _____ Home phone number ( )_____
Address: _____ City:_____ Zip code_____
Work phone # _____ Email address: _____

1. How long have you lived at this address?_____ Please circle: Is it a house, mobile home, condo, apartment or other? Do you have roommates? _____
2. If you rent, does your landlord allow pets?_____ If you move, what will you do with your pet?
_____
3. Your age: _____ Employer: _____ How long at present job?_____
4. Number of adults in household:_____ Number of children in households?_____How old are they?_____
5. Who will be responsible for the care of the animal?_____
6. Is any member of your family allergic to animals? _____ What if you later find out they are?_____
7. Has any of your animals ever been hit by a car? _____ Have you ever taken any of your animals to a shelter? _____ If yes, please explain: _____
8. Who is your veterinarian?_____ Location_____ How long?_____
May we contact your vet? _____

For Cats only:
9. Do you plan to declaw this cat?_____ If yes, why?_____
10. Please check one. My cat will live: strictly outside_____ inside only: ____ inside/outside_____
11. If you should become pregnant what will you do with this cat? _____

For Dogs only:
12. Please check one. My dog will live: inside only_____ outside only ____ inside/ outside_____
13. Do you have a fenced yard? _____ If so, how high? _____Will it live in a pen/doghouse?_____
14. How many hours a day will the dog be left alone?_____
15. When no one is home, where will the dog be kept?_____
16. What is your view on heartworm preventative? _____

17. Do you have other pets in your household? _____ Please list below.

Dog or cat	Age	spay/neutered	How long has it been yours?	Does it live in or out?

18. How do you plan to introduce this animal to your other pets?_____
19. What would you do if this animal does not get along with yours?_____
20. What will you do with your pet while you or your family is out of town?_____
21. Why are you adopting an animal?_____
22. Do you understand that adopting an animal is a lifetime (15-20 year) commitment?_____
23. Do you have any known mental or physical conditions that could prevent you from responsibly taking care of this pet?_____
24. Is everyone in the household in agreement about adopting this pet?_____
25. Do you understand that if for any reason you can no longer provide a good home for this animal that you must return it to us? _____

Please sign below stating that the above information is true and that you agree to return the animal if it does not work out. We make no claims or guarantees about this animal's health or temperament and we are not liable for any future damage or injury that may be caused by this pet.

_____ _____
Adopter's signature Date Volunteer's Signature Date