

# Adoption Profile



\_\_\_\_\_  
First            Middle Initial            Last Name

\_\_\_\_\_  
Animal you want to meet

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City/ZIP

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Previous Address

\_\_\_\_\_  
Previous City/Zip



**PLEASE LIST ALL OF THE PEOPLE LIVING IN THE HOME**

| First Name, Middle Initial, Last Name | Relationship to you | Age (If under 18) |
|---------------------------------------|---------------------|-------------------|
| _____                                 | _____               | _____             |
| _____                                 | _____               | _____             |
| _____                                 | _____               | _____             |
| _____                                 | _____               | _____             |

**PLEASE LIST ALL OF THE CURRENT PETS LIVING IN THE HOME**

| Name  | Breed | Color | Age   | Time Owned |
|-------|-------|-------|-------|------------|
| _____ | _____ | _____ | _____ | _____      |
| _____ | _____ | _____ | _____ | _____      |
| _____ | _____ | _____ | _____ | _____      |
| _____ | _____ | _____ | _____ | _____      |
| _____ | _____ | _____ | _____ | _____      |
| _____ | _____ | _____ | _____ | _____      |

We would not knowingly place an animal with a serious health condition. It may not be known if an animal has been exposed to an illness or has a hidden genetic disorder. Under these circumstances, we cannot guarantee the health of any pet. Veterinary expenses for basic concerns such as ear mites or intestinal parasites may be incurred. If a veterinarian determines a more extensive illness is present at the initial examination, please return the pet for an adoption refund. Additional costs incurred from keeping the pet will be your responsibility.

I understand that you may contact my veterinarian for vaccination and health history of the pets that I currently own or have owned in the past. I release my veterinarian to provide that information to you.

I understand this is a shelter environment; my pets could potentially be exposed to viruses/illnesses during an interaction.

The information I have given in this application is correct to the best of my knowledge. I understand that FWACC reserves the right place animals in the best fit home and I am not guaranteed adoption of an animal.

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only

**Notes:** \_\_\_\_\_

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**Counselor Name** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Staff Only

Person #: \_\_\_\_\_

My Case: \_\_\_\_\_

City Limits: IN/OUT

Other Pets: \_\_\_\_\_