

Pet Friends Inc.
ADOPTION APPLICATION
Dogs or Puppies

Pet Friends, Inc.
P.O. Box 484
Irwin, PA 15642
724-863-7722

The following information is requested so that our volunteers can assist you in the selection of a new pet. The welfare of the animal is our foremost consideration. This 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 animals available for adoption often come to us from abusive or neglectful situations. Sometimes they have suffered illnesses or injuries. All animals are examined and treated as needed upon entry, and their health is routinely monitored while with us. If they require further medications or treatments, we will discuss the costs and prognosis.

Our adoption fee includes: spay/neuter, all needed vaccinations, heartworm testing and preventative medicine, treatment of any parasites and/or infections, and microchipping. A collar is provided; for safe transportation home and to veterinarian appointments, a leash should be supplied by the adopter. In-vehicle restraint using a harness and seat belt is strongly recommended.

Minimum Donation: \$200 for a Dog or Puppy

IN ORDER TO BE CONSIDERED AS AN ADOPTER, YOU MUST:

- Have identification showing your present address and proof of age (21 or older)
- Have the knowledge and consent of your landlord, if applicable
- Be able and willing to spend the time and money necessary to provide training, routine medical care, (i.e., yearly office visits and vaccinations, \$90-\$200 minimum), and proper nutrition and exercise for a pet.
- Agree to have a Pet Friends representative call your current veterinarian (listed on Page 2), and give your permission for the vet to talk with us regarding the health care of your other pets.
- Agree to our spay and neuter requirements
- Complete an Adoption Application and sign our Adoption Contract
- Agree to follow-up calls and/or scheduled visitations after adoption
- Understand that there will always be an adjustment period for any dog coming into a new home. The average is 3 weeks to 3 months.

Pet Friends, Inc. reserves the right to refuse adoption to anyone who cannot provide a healthy and safe environment for the animal in accordance with Pennsylvania animal ordinances and laws. No animal will be placed with prospective owners who mislead or fail to provide accurate information on this adoption application.

I understand Pet Friends, Inc. policy, have read the criteria, agree to abide by them, and wish to proceed with the adoption process.

(Signature) (Date)

Name _____

Address _____

Phone(s) _____

Email Address _____

Pet Friends use only:

Type of Animal Interested In:

Heard of PF, Inc. Where?

Comments: _____

PLEASE FILL OUT THE FOLLOWING QUESTIONNAIRE.
Upon completion, it will be reviewed by adoption counselors.

1. What kind of pet are you interested in adopting? Dog Puppy
2. This pet will be a: House pet Watch dog Companion Company for other pet
This pet is for: My family A relative A gift for a friend
3. Do you have any preferences as to breed type, sex, age, size as an adult, length of hair, etc.?
 Yes No If yes, what are your preferences? _____
4. Is this your first experience with a pet? Yes No
If No, what pets have you had in the past? _____
What happened to the pets you no longer have? _____
5. What pets do you currently have in your household? _____
Are all your current dogs or cats spayed or neutered? _____
6. Have you ever adopted a pet from a shelter? Yes No
If yes, what kind & what shelter? _____
7. Have you ever taken an animal to a shelter? Yes No If yes, for what reason? _____

8. Who is your veterinarian? (Please list vets used for pets you currently own and pets you no longer have).
Name: _____ Phone: _____
Name: _____ Phone: _____
If you do not currently have a veterinarian, whom do you plan to use? _____
Do you need a referral? Yes No
Do you have any objections to our calling your veterinarian as a reference? Yes No
Under what last name is your pet registered at the veterinarian's office? _____
Can you provide vet care as required by state law for unexpected accidents/health problems? Yes No
9. Do you currently live in a: house apartment townhouse mobile home duplex?
10. Do you: own or rent or lease space in a mobile home park?
If you rent or live in a mobile home park, does your lease allow pets? Yes No
Please provide the landlord's name and phone number : _____
11. How long have you lived at the above address? _____
12. How many people live in your home? _____ Do all of the adults agree to adopt a pet? Yes No
If there are children in the household, what are their ages? _____, _____, _____, _____

13. Does anyone living in your household have any known allergies to animals? Yes No
 If yes, to what kind(s) of animals and how severe is the allergy? _____
14. Who will be primarily responsible for the care of this pet? _____
15. Where will this pet be kept during the day? _____ During the night? _____
16. How many hours per day will the pet spend alone without human companionship? _____
 Where will the pet be kept when alone? _____
17. How do you plan to keep the dog confined to your property when outside (e.g. fenced yard, trolley run, tie-out)?

18. Are you familiar with the leash and licensing laws in your community? Yes No
 Are you aware of how many pets you may have according to community ordinances? Yes No
 Are you willing to comply with all laws and ordinances regarding pets? Yes No
19. Do you have the time and patience to housetrain your new puppy or dog, and/or to correct, by training, destructive behavior such as chewing household objects or clothing? Yes No
20. Are you prepared to provide adequate daily exercise (such as walks on leash or play time off leash), mental stimulation (such as training and toys), and ample opportunities for your pet to go outside to relieve itself?
 Yes No
21. Are you familiar with heartworm disease and the preventive medicines for it? Yes No
22. Are you familiar with the yearly vaccinations that dogs/puppies are required to have? Yes No
23. Are you financially able to provide food, routine veterinary care and preventive vaccinations/medications?
 Yes No
24. Would you like information on any of the following? Housetraining Crate training
 Obedience Classes Vaccinations Heartworm disease Parasites
25. Do you have any questions? (If so, please list) _____

26. How did you learn about Pet Friends? _____
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