

True Friends Animal Welfare Center

Adoption Application

Please return this application to:

True Friends Animal Welfare Center

"Giving Animals a Safe Refuge & Hope for a Second Chance"

16332 SR 706 • Montrose • Pennsylvania 18801 • 570-278-1228

Website - Truefriendsawc.com

ADOPTION FEE:

Puppies: \$225

Young Adult Dogs: \$175

Adult Dogs: \$150

Senior Dogs: Acceptable Donation

Kittens: \$75

Adult Cats: \$50

Senior Cats: Acceptable Donation

True Friends may charge an additional fee for purebred or highly desirable animals

**YOU MUST BE 18 OR OLDER TO SUBMIT AN APPLICATION
IF YOU ARE UNDER 18 A PARENT, SPOUSE, OR GUARDIAN 23 or
OVER MUST SUBMIT THIS APPLICATION.**

WHICH PET YOU ARE INTERESTED IN: _____

Date: _____

ABOUT YOU:

Applicant's Full Name: _____ **AGE** _____

Co-Applicant's Name (if any): _____ **AGE** _____

Address:

Apt/Suite:

City/State/Zip:

Home Phone:

Cell Phone:

Email Address:

Occupation:

Employer:

Work Number:

Co-Applicant Employer:

Co-Applicant Work Address:

ABOUT YOUR HOUSEHOLD:

Names and ages of all adults in the household:

Names and ages of all children in the household:

Is anyone in your home allergic to animals?: If yes, explain:

Is everyone in your household in agreement about adopting a pet?:

Who will be responsible for the grooming, housebreaking, and training of this pet?:

Do any members of your household fear animals?:

Are you familiar with animal regulations in your area?:

How long will your pet be left home alone?

ABOUT YOUR HOME:

Do you own or rent?:

If rent, please attach a copy of the rental agreement, highlighting where it states you can have pets.

Are you planning to move in the near future?:

PET HISTORY:

Have you had pets in the past?:

Reason for no longer owning the pet(s)?:

Have you ever given a pet to a shelter?:

PERSONAL REFERENCES:

Please provide names, phone numbers, and relationship of three (see vet reference note) **people not related to you:**

1.

2.

3.

If you should become unable, who will take care of your pet?:

Name:

Address:

Phone Number:

Do you already have a pet(s) in your home?:



Current pets

Name	Breed	Age	Indoor/Outdoor	Time in Care	Altered
_____					YES / NO
_____					YES / NO
_____					YES / NO

VET REFERENCE: (If you have not owned a pet and have no vet reference, please add a third personal reference above)

Vet's name and phone number _____

KITTEN OR CAT ADOPTIONS ONLY

Why do you want to adopt a kitten or cat? (circle all that apply)

Companion/house pet Mouser - Gift - Breeder - Child's pet - Companion for other pet - Other:

Will your kitten or cat be allowed outside? No - Yes (under what circumstances?) _____

Do you plan to have your kitten or cat declawed? - Yes - No

What will you do if your kitten or cat claws furniture or shows other destructive behavior?

PUPPY OR DOG ADOPTIONS ONLY

Where will the pet be kept during the day and night? _____

Will you be getting a dog walker or using daycare?

Do you have a yard? _____ If yes, is it fenced? _____ If it's fenced, how high is it?

If it's not fenced, how will your pet relieve/exercise him or herself?

****** I hereby certify that the above information is true to the best of my knowledge. I understand that giving false information on this Adoption Application will be grounds for denying my application.**

Adopter's Signature _____ **Date** _____

~ Should your adopted pet develop special needs over time, will you still keep this pet, get proper veterinary care and follow your vet's guidelines, including whatever treatments/medications/special foods are required?:

~Will you assume all financial responsibilities for the pet you adopt, including inoculations, regular veterinary care, good quality food, licensing, ID tag, dog bed, leash, collar, etc.?:

~Are you willing to consult a professional trainer to correct any behavior or issues that arise?

~I have been informed of the following behavioral issues and medical conditions known my True Friends regarding this animal. I agree not to hold True Friends accountable for any situations that arise after I adopt this pet.

~I agree that if I am permitted to adopt, I will have the adoptive dog checked by my own veterinarian within two weeks of said adoption, and will provide medical care, at my own expense, for any conditions previously unknown to **True Friends Animal Welfare Center**, as well as routine yearly exams for as long as I own the dog.

~I understand and agree that giving false information in response to any of the questions above will disqualify me from adopting a pet from **True Friends Animals Welfare Center**, and will nullify all adoption(s) and/or adoption agreements between the applicant and **True Friends Animals Welfare Center**.

*****True Friend's goal is to place each animal into the most suitable home for the particular animal. They reserve the right to decline any application that does not meet the requirements for that particular animal*****

Printed Name: _____

Signature _____ Date _____



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