

Fourche Valley Rescue

Adoption Form

fourchevalleyrescue@gmail.com
573-702-9112

Name: _____

Age: _____

License Number: _____

Current Address (city, state, zip): _____

Home Phone #: _____

Cell Phone #: _____

Email Address: _____

Where do you live (circle one)? HOME APARTMENT CONDO MOBILE HOME OTHER

I RENT or OWN (circle one)

If you rent, please provide the name and phone number of your landlord.

Name: _____

Phone #: _____

Does your landlord allow pets (circle one)? YES or NO

Would you consent to a home visit if requested before time of adoption (circle one)? YES or NO

Employer Name: _____

Employer Phone #: _____

How many adults are in your household? _____

How many children are in your household? _____

Is anyone in your household allergic to pets (circle one)? YES or NO

Do you have any other pets? If so list them below:

Species	Breed	Age	Sex	Spayed/Neutered	Up to Date on Vaccines
				YES/NO	YES/NO
				YES/NO	YES/NO
				YES/NO	YES/NO
				YES/NO	YES/NO
				YES/NO	YES/NO

List the name and contact information of your current veterinarian or the one you plan to use.

Name: _____

Phone #: _____

Address (city & state): _____

Where would this animal spend the majority of his/her time (circle one)? INDOORS OUTDOORS OTHER

Have you adopted from Fourche Valley Rescue before? If you have list below:

Pet's Name	Species	Breed	Date of Adoption

Is there a specific animal you are looking to adopt? If so list the animal's name: _____

If you have no specific animal in mind, provide a description of one you would like to adopt (example:

Type, breed, age, sex, size, temperament, etc.) _____

Applicant Signature: _____

Date: _____

For office use only:

Landlord Check: YES or NO

Veterinarian Check: YES or NO

Home Visit: YES or NO

Application Status: APPROVED or DENIED

If denied, reason: _____