

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

Do you 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:

Name	Species	Breed	Age	Sex	Spayed/ Neutered?	Up to Date on Vaccines:

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

Name: _____

Phone #: _____

Address (city & state): _____

If your pets are under a different name at your veterinary office please list that here (this will be used to do a veterinary check): _____

Most veterinary offices require verbal permission from the owner for any information to be given over the phone to a rescue. Please check with your veterinary office prior to submitting this application so your application can be processed more efficiently.

Where would this animal spend the majority of his/her time? INDOORS OUTDOORS COMBINATION

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.)

For each application a veterinary and landlord (if applicable) check are completed. By signing this document you are consenting to both of these checks. These are both needed in order to move forward in the application process.

Applicant Signature:

_____ Date: _____
_____ 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