



Forever Friends Foundation Pre-Adoption Application

P.O. Box 670903, Northfield, OH 44067 • Fax (330) 748-4800

Forever Friends Foundation (FFF) believes that pet ownership is a serious responsibility and a life-long commitment. Our goal is to place our animals in the best possible home, where each adoptive parent understands their obligation to their new pet. You must complete this application and be willing to answer specific questions about your other pet(s), lifestyle and personality. FFF reserves the right to deny this pre-adoption application for any reason.

Cat(s) Name: _____ Control# _____

Name: _____ Cell Phone: _____

Email Address: _____ Driver's License# _____

Address: _____ City/Zip: _____

On Facebook? Y/N Name on Facebook: _____

Have you ever adopted an animal from a rescue group? Yes No

When: _____ Which rescue? _____

Why do you want to adopt a pet today? (be specific) Companion for my pet(s) Love animals

Companion for self/children Pet passed away Other: _____

How long have you been looking for a pet? _____

How many pets have you owned in the past 10 years? Dogs: _____ Cats: _____ Other: _____

Are they still with you? Yes No If Yes, how many? Dogs: _____ Cats: _____ Other: _____

If no, please explain: _____

Are your pets current on vaccinations? Yes No Are all of your pets spayed/neutered? Yes No

If no to either question, please explain: _____

Who is your current veterinarian? _____

Do you allow your pets to go outside? Yes No If yes, please explain _____

Do you own or rent? Own Rent

Home Type: Apartment Condo House w/large yard House w/small yard

If rent, you must provide a copy of your lease and your landlord's phone# _____

How long have you lived at your current address? _____ Do you plan to move soon? Yes No

Pre-Adoption Application Continued

Do you have children? Yes No If yes, what are their ages? _____

Have your children been around pets? Yes No Is anyone in the house allergic to animals? Yes No

If yes, are they allergic to Dogs Cats Both Please explain: _____

Your pet may require medical attention soon after adoption. Are you willing to accept full financial responsibility for this pet, including providing regular veterinary care? Yes No

Where will your pet stay when you are not at home?

Crate Loose in house Basement Garage Outside Other: _____

Who will provide care for your pet in your absence? (i.e. vacation) _____

What pet behavior would you be unwilling to work with? Biting Spraying/Marking Jumping on tables
 Shyness Aggressiveness Not using litterbox

How will you correct inappropriate behavior? _____

Would you object to a volunteer visiting your home or calling you? Yes No

What is the best time to call? Morning Afternoon Evening

Do you work? Yes No If yes, where? _____ For how long? _____

May we verify employment? Yes No If no, why not? _____

Do you plan to have your cat/kitten declawed? Yes No Why? _____

What would you do if your new cat were to:

Claw/scratch furniture? _____

Have an accident outside the litterbox? _____

Jump on tables, counters, furniture or climb draperies? _____

Wants to go outside? _____

I CERTIFY THAT THE ANSWERS ABOVE ARE TRUE AND ACCURATE. I UNDERSTAND THAT ANY FALSIFIED INFORMATION WILL RESULT IN THE DENIAL OF THIS APPLICATION.

Signature

Date

Counselor

Approved Denied