

**Dog Adoption Application**  
**Fur Footed Rescue, Inc (FFRi)**  
**501 E 8<sup>th</sup> Street**  
**The Dalles, OR 97058**  
**541.288.8728 call/text**  
**furfooted@gmail.com**

**Contact Information**

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

How long at this address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Email address: \_\_\_\_\_

**Family & Housing**

How many adults/children are there in your household?  
\_\_\_\_\_

What type of home do you live in single family, town home, apartment, farm, etc.?  
\_\_\_\_\_

Please describe your household:  Active  Noisy  Quiet  Average

**Other Pets**

What other pets do you have (specify type and number)? \_\_\_\_\_

Are these pets up to date on vaccines? \_\_\_\_\_

Are these pets spayed/neutered? If not, why? \_\_\_\_\_

Have you every surrendered a pet? If so, why?  
\_\_\_\_\_

Have you ever had a pet euthanized? If so, why?  
\_\_\_\_\_

Have you ever lost a pet to an accident?  
\_\_\_\_\_

How do you discipline your pets and why?  
\_\_\_\_\_

**Veterinarian**

Veterinarian's name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

(Providing FFRi with this information you are allowing FFRi to call your vet.)

Willing to adopt:       outgoing/hyper dog                       shy dog  
                                  dog that needs regular medication       dog that needs training  
                                  dog that needs grooming                       None of these

Where will the dog spend the day? (*describe*)  
\_\_\_\_\_

Where will the dog spend the night? (*describe*)  
\_\_\_\_\_

Number of hours (average) dog will spend alone? \_\_\_\_\_

Do you agree to provide regular health care by a Licensed Veterinarian?     Yes     No

Do you agree to keep the dog as an indoor dog?     Yes     No

Do you have a fenced yard?     Yes     No

Do you agree to contact FFRi if you can no longer keep this dog?     Yes     No

Are you willing to let a representative of FFRi visit your home by appointment?  
 Yes     No

**Personal References**

Please list someone who is familiar with both you and your pets.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship (relative, neighbor, friend, etc.): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship (relative, neighbor, friend, etc.): \_\_\_\_\_

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



**Fur Footed Rescue, Inc. (FFRi)**  
**501 E 8th Street**  
**The Dalles, Oregon 97058**  
**541.288.8728**  
**FurFooted@gmail.com**

**Please read an initial each of the Fur Footed Rescue's policies.**

- \_\_\_ I understand I am *not buying* a cat, kitten, dog or puppy *but adopting* an animal to be a part of our family from the rescue group called Fur Footed Rescue. The information will be verified and a volunteer will follow up to make sure things are going well.
  
- \_\_\_ I understand rental manager or other references may be called to verify rental history and confirm that any pet deposits have been paid. I understand that those arrangements must be made **BEFORE** the pet goes home with me.
  
- \_\_\_ I understand that I can only adopt for myself and not a second party.
  
- \_\_\_ I am at least 18 years old.
  
- \_\_\_ I am not adopting a dog for protection or a cat for a mouser.

Full Name: \_\_\_\_\_ Date \_\_\_\_\_

**THE ADOPTION OF A PET IS A SERIOUS MATTER!  
WE DO NOT REFUND ADOPTION FEES  
PLEASE READ THE FOLLOWING CAREFULLY  
INITIAL EACH ITEM SIGN AND DATE BELOW**

- \_\_\_\_\_ I certify, to the best of my knowledge, that the information provided on my application is accurate and true.
- \_\_\_\_\_ The pet I am adopting is for my own family. I have spent the time needed to make an informed choice.
- \_\_\_\_\_ I understand there is NO REFUND on returned pets. Fur Footed Rescue does not adopt pets on a trial basis. Cats and kittens require re-vetting when RE-ENTERING Fur Footed Rescue.
- \_\_\_\_\_ I agree to allow Fur Footed Rescue -- at any time within one month of this adoption--to investigate the premises where my adopted pet will be kept and that at any time during a premises investigation, Fur Footed Rescue may reclaim my adopted pet if Animal Care staff determines that the animal is not being cared for adequately.
- \_\_\_\_\_ I shall make no claim for any upkeep which I have incurred while this cat has been in my possession. I further agree to hold harmless Fur Footed Rescue Inc./Petco from any and all liability, damages, debts, costs or expenses incurred during my possession of the adopted pet.
- \_\_\_\_\_ Every effort is made to only make healthy animals available for adoption and health records available to us will be disclosed. I understand that all animals are slightly used and have already been rescued by FFRi. I understand that an animal may have social or health issues related to previous neglect or abuse and that it is my responsibility to provide kindness and patience during the transition into my family.
- \_\_\_\_\_ FFRi assumes no responsibility for illness, injury or death of any animal once the adoption process is complete.

---

Signature

Date

**TO BE COMPLETED BY FFRi STAFF MEMBER**

Address Verification:

---

Driver's License No: \_\_\_\_\_ State \_\_\_\_\_ Date of Expiration: \_\_\_\_\_  
 \_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved  
 If not approved, please state reason:

---

Adopter learned about our Adoption Program through which of the following:

Brochure   Yellow Pages   Petco   TV   Radio   Friend/Family   Newspaper   Friend

Internet   Vet Office   Humane Society   Pets of the Week   Petfinder   Facebook   Other