

Pre-Adoption Form

Father John's Animal House

50 Father John's Lane • Lafayette, NJ 07848

Phone: 973-300-5909 • Fax: 973-579-6010

Print Name: _____

Street: _____

City: _____

State & Zip: _____

Phone# (home) _____

Phone# (work) _____

Email Address: _____

Form of ID Provided: _____

How did you hear about us?

- Referred by
 Internet
 Newspaper Ad
 Phone book
 Drive-by (saw sign)
 Other (please specify)

1. What type of pet do you want to adopt? Dog Puppy Cat Kitten

2. Please specify any preferences you may have for the following:

BREED OR TYPE	MALE/FEMALE	AGE RANGE	LENGTH OF HAIR	SIZE (when grown)

3. Is this your first pet? Yes No

4. If you answered "No" to #3, when did you last have pet? _____

5. Have you ever adopted from us before? Yes No If yes, what did you adopt and when?

6. Have you ever brought an animal to us? Yes No If yes, what did you bring, when, and why?

7. Do you currently have any pets yet home? Yes (please complete table below) No (please go to #8)

PET'S NAME	TYPE	BREED	AGE	LICENSED (YES/NO)	ALTERED (YES/NO)	UP-TO DATE ON SHOTS (YES/NO)	WHERE KEPT DAYS?	WHERE KEPT NIGHTS?

8. Who is your veterinarian? Name: _____ Phone: _____

9. Are you financially prepared for routine vet care and emergency medical care? Yes No

10. Do you live in: house apartment other for how long? _____

11. Do you: own? rent? If you rent, does your lease allow pets? Yes No

Landlord's name and phone number _____ Please provide copy of lease _____

12. How many people live in your household? _____ List the ages of children _____

13. Do children regularly visit your household? Yes No If yes, list their ages _____

14. Is anyone in your household allergic to animals? Yes No

15. Is anyone home all day? Yes No How many hours a day will the pet be left alone? _____

Where will it be kept when it is alone? _____

16. In general, where will the pet be kept during the day? _____

17. Where will the pet sleep at night? _____

For Dog Adoptions Only

1. Check all that apply: I want the dog for: House pet Companion Gift Guard dog Hunting dog
 Breeding Companion for another pet Other (please specify) _____
2. Are you familiar with crate training? Yes No How do you feel about it? _____
3. What will you do if your dog chews furniture or shows other signs of destructive behavior?

4. Are you willing to house train a dog if necessary? Yes No
5. How will you keep your dog confined to your property? Check all that apply: in the house fenced kennel
 in the basement in the garage on patio/deck on a chain fenced-in yard (fence height
is _____) type of fence: _____ Other (please specify) _____

For Cat Adoptions Only

1. Check all that apply: I want the cat for: House pet Companion Gift Mouser Barn cat
 Breeding Companion for another pet Other (please specify) _____
2. Will the cat be allowed outdoors? Yes No If yes, when? _____
3. What will you do if your cat claws furniture or shows other signs of destructive behavior?

IMPORTANT DISCLAIMER, PLEASE READ AND SIGN!

By submitting this application, you are aware of the following conditions:

- **Adoptions ARE NOT done on a first come – first serve basis**
- **We have the right to refuse any adoptions**

By signing below, you specify that you understand the above mentioned conditions.

In addition, you authorize us to contact any persons listed on this form and to visit your home should we decide to do so.

X Signature: _____ **Date:** _____

For Shelter Use Only

- Reviewed profile with applicant Completed vet check Obtained valid ID
 Obtained copy of lease Checked "Do Not Adopt" (DNA) List

Adoption Approved: Yes No

Signature of shelter Staff/Volunteer: _____ Date: _____

Comments: