

P.O. Box 29121
Parkville, MO 64152
816-587-0918



Name of Animal: _____
Description of Animal: _____
Animal ID#: _____

PRE-ADOPTION APPLICATION

So that we may be assured that the pet you want to adopt will be best suited to you, your lifestyle and your home, as well as being placed in an environment that is compatible with its needs, we would like you to provide us with the following information.

Please note this is not an adoption contract, this is FOPAS screening form. Filling this out does not mean you have adopted a dog or a cat. This only means you will be considered for adoption. We will call you and let you know either way.

Thank You,
FOPAS Volunteers

PLEASE PRINT

Name: _____ Driver's License #: _____ Today's Date: _____

Street Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Occupation: _____

Do you want this pet for (mark all that apply): Companion Outdoor Only Protection Hunting Breeding Gift Barn Cat
 Mouser Family Pet Companion for Other Pet Guard Dog Other Reason (be specific) _____

What do you estimate the yearly expense of owning this pet? \$ _____ (These expenses may include but are not limited to the following: Vaccinations, Spay/Neuter, Food, Toys, Heartworm Protection, Worming, Feline Leukemia/FIV Test, License)

What type of Cat/Dog are you looking for? _____

What attracted you to this Cat/Dog? _____

Are you 18 years or older? Yes No Where do you live? House Apartment Mobile Home Farm Condo Dorm
If Apartment, please list your Complex Name,
Do you currently: Own Rent Manager, and their Phone #: _____

If you rent, have you verified you are able to have a pet? Yes No

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

Does anybody in your family suffer from allergies to Cats or Dogs? Yes No

Have you ever or do you plan to de-claw your cats? Yes No Don't Know

Do you have a fenced yard? Yes No How High? _____ What Type? _____

Have you ever adopted from FOPAS before? Yes No If Yes, where is the pet now? _____

Who will be responsible for this pet? _____ Do you own any animals at this time? Yes No

Types of pets owned in the past five (5) years:

TYPE/BREED	KEPT WHERE	AGE	SPAY/NEUTERED	ARE/WERE SHOTS KEPT UP-TO-DATE	STILL OWN
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you no longer have any of the above animals, please explain what happened to them: _____

Have you ever owned an animal that has ended up at a shelter or pound and not reclaimed it? Yes No

Have you ever adopted from a shelter or rescue group? Yes No If yes, who and what type of animal? _____

Do you plan on moving in the near future? Yes No If yes, where? _____

What would you do with the pet if it were necessary for you to relocate? _____

Are you looking for: an indoor pet an outdoor pet an indoor/outdoor pet

Where will this pet be kept during the day? _____

Where will this pet sleep at night? _____

How long will this pet be home alone with no human adult companionship? _____

Will someone be able to let this pet out during the day? Yes No Sometimes

Do you plan on taking your dog/puppy to training classes? Yes No Don't Know

Do you have a crate to use for your new dog/puppy for a house-training tool? Yes No

What kind of activities do you envision doing with your new pet? _____

May a volunteer of FOPAS contact you for follow up information regarding this pet? Yes No

Would you object to a home visit of your premises by our staff? Yes No

Animals are as individual as people.

Are you willing to spend the time and effort helping this pet adjust to your home and lifestyle? Yes No How much time? _____

Under what circumstances would you not keep this Cat/Dog? _____

If the Cat/Dog became destructive, what would you do? _____

If the Cat/Dog were to disappear, would you contact FOPAS within 2 days so we could assist you in locating the animal? Yes No

If the Cat/Dog were picked up by animal control, would you reclaim the pet or contact FOPAS so that we may reclaim the pet? Yes No

Please list the names and phone numbers of three references below, one of which should be your veterinarian. The other two references should be people who have observed you with your previous pet(s) or can speak to your character if you have never owned a pet before. Only one of these references may be a relative. If for some reason we are unable to reach these people, we will contact you for more information or another reference.

Name and Relationship

Phone #

Alternate Phone #

How did you learn about us? _____

Would you be interested in our monthly newsletter being mailed to you for \$10 per year? Yes No

Signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet and nullification of any contract in the future. I understand that the Friends of Parkville Animal Shelter have the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. I understand that this application is the property of Friends of Parkville Animal Shelter.

Signature: _____ Date: _____

Approved: Yes No _____

NOTE: Adoption Fee for Dogs is \$100.00. Cats is \$90.00. This includes spaying/neutering, minimum of first round of shots, a heartworm check or feline leukemia/FIV check, and a microchip.