



## **Animal Foundation of America**

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### **PRE- ADOPTION/FOSTER SCREENING APPLICATION**

*(All information will be kept confidential.)*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

Name of Dog: \_\_\_\_\_ Age: \_\_\_\_\_ M F Size: \_\_\_\_\_

(If you are applying for an unspecified dog, please provide parameters such as breed, gender, age, temperament, and fur type. Please also list what characteristics you do not want in a dog.)

What are you looking for in a dog? If you are applying for a specific dog, what made you choose that dog?

What do you like most about having a dog? And least?

Who are you adopting the dog for?

Who will be the primary caregiver of the dog?

**GENERAL INFORMATION**

Occupation: \_\_\_\_\_

Employer & Contact: \_\_\_\_\_

Complete Work Address: \_\_\_\_\_

Are you over 21 years old?    YES    NO

**ABOUT YOUR HOME**

Type of residence (house, apt, etc.): \_\_\_\_\_

How long have you lived there?: \_\_\_\_\_

Do you rent or own your residence?: \_\_\_\_\_

If you rent, your landlord's name: \_\_\_\_\_

If you rent, your landlord's phone number: \_\_\_\_\_

May we contact your landlord?    YES    NO

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

Length of time you lived there?: \_\_\_\_\_

Please list all persons living with you, their ages, and their relationships to you:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Please list any companion animals currently living in this household. Name, Cat or Dog (breed), Sex, Age, Spayed/Neutered?

- 1.
- 2.
- 3.
- 4.
- 5.

What kind of food do you feed them?: \_\_\_\_\_

Does anyone living with you have animal allergies?: \_\_\_\_\_

Do you have a backyard?:  YES  NO

If yes, is it enclosed?  YES  NO

If a fenced yard, how high is the fence?: \_\_\_\_\_

If you have no fence, how will your dog relieve itself or get exercise?:

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Have you ever had a dog previously? (Please provide a brief history. If deceased, please state name, breed, age and date of death,)

Have you ever taken a pet to a shelter? If yes, please explain why and when.

What is your household activity level? (Active, Medium Active, Low Active, Not Active - Couch Potato)

How many hours are you gone a day?

Do you travel often? If yes, who will care for your pet when you travel?

How many hours a day will your new dog be alone?

Where will your new dog be kept during the day?

And at night?

Who will walk your new dog and how often?

Who else will be spending time with your new dog?

What sort of training do you plan on providing?

If I could help with your training, would you be interested?

Would you object to a visit to your home before and after the adoption is completed?

Can you financially afford to care for this dog?

If you were ill, who would care for your dog?

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

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

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

## **REFERENCES**

Please provide the names, relationships to you, phone numbers, and email addresses of TWO people NOT RELATED TO YOU:

1.

2.

Who is your local veterinarian?

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

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

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

Vet records are under the name of: \_\_\_\_\_

**ADOPTION FEE/DONATION ( FOR ADOPTERS ONLY) -** There will be an TBD adoption fee. This will include all shots, spay/neuter surgery, microchip & transport fee if applicable. Is this acceptable to you? Yes \_\_\_\_\_ No \_\_\_\_\_

By signing my name below, I certify that the above information is true and accurate to the best of my knowledge, and I understand that completion of this form in no way guarantees my ability to adopt a dog. I further understand that completion of this form is only the first step in the adoption process and that, should I wish to complete this process, an in-home screening will follow.

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