

# Friends of Linden Animal Shelter, Inc



## DOG ADOPTION APPLICATION

PO Box 4042  
Linden NJ 07036

[www.linden.petfinder.org](http://www.linden.petfinder.org)

E-mail - dogs: [TheLindenShelter@aol.com](mailto:TheLindenShelter@aol.com)

E-mail - cats: [FOLASCats@aol.com](mailto:FOLASCats@aol.com)

The following information is requested so that we can assist you in the selection of your new pet. The animal's welfare is our foremost concern. The consultation process is designed to help us assist you in finding the animal most compatible to your life style. This information will be kept strictly confidential.

Name of dog you are interest in:

Your Name:

Address:

City:  State:  Zip:

Phone Numbers: Home:  Work:  Cell:

E-mail Address:

Driver License #:  State:  Exp.:

How did you hear about the Friend of Linden Animal Shelter?:

If from a newspaper, which one?:

**Please complete all information. By signing below, you certify that you understand the following:**

1. The Friends of Linden animal Shelter, Inc. reserves the right to refuse adoption to anyone.
2. The information contained within this application is accurate and not misleading to anyone.
3. The Friends of Linden Animal Shelter, Inc. reserves the right to contact any individual on this form.

Date:  Electronic Signature:

Please complete the following information:

Please give careful consideration to adopting a pet. Animals are not toys or short-term commitments. make sure that your lifestyle allows the time, patience and expense this pet will need over the years. Animals for adoption are placed with the adopters with full consideration given to the specific needs of each animal.

1 Is this your first experience with a dog?:  Yes  No

2 Do you have any other pets at home?:  Yes  No

If yes:

Type	Age	Name	Altered	Vaccinated	Kept where
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

3 If you don't have a pet(s), have you had pets in the past?  Yes  No

How long did you have your last pet?:

What happened to your last pet?:

4 Who is/was your veterinarian:

Name:

City:  State:

Phone #:

5 How long have you resided at your present address?:

6 Do you currently live in a:  House  Apartment  Other

7 Do you:  Own  Rent

If you rent, does your lease allow pets?:  Yes  No

Landlord's Name:  Phone #:

8 How many people live in your household?:

Do all adults know you plan to adopt?:  Yes  No

If there are children in your household, list ages:

9 Does anyone in your household have any known allergies to animals?:  Yes  No

10 Where will the pet be kept during the day?:

Where will the pet be kept during the night?:

11 Is anyone home all day?:  Yes  No

If no, how many hours will the pet be left alone in a 24- hour period?:

12 Where will the pet be kept when alone?:

13 Where will the pet be during vacations?:

14 Are you financially prepared to give your new pet routine medical care such as rabies vaccinations, inoculations, exams for parasites, ear mites, etc?:  Yes  No

15 Are you financially prepared to give your new pet emergency care if that should be necessary?:  Yes  No

16 Would you object to a visit or call from a Friends of Linden Animal Shelter representative to see how you and your new pet are doing?:  Yes  No

17 Do you want a dog for (check all that apply):

- House Pet  Guard Dog  Watch Dog  
 Companion  Gift  Breeder  
 Companion for another pet

18 Do you realize you will probably have to house train a dog/puppy?:  Yes  No

19 Are you familiar with leash and licensing laws in your community?:  Yes  No

20 Do you have a fenced in yard?:  Yes  No

21 If not, how will your dog be confined to your property?: (Check all that apply)

- Kennel  On chain  Garage  
 Patio  On leash  Other

Explain:

22 What will you do if your dog chews furniture or shows other destructive behavior?:

23 Do you need an explanation of how to introduce a new dog to your current pet?:  Yes  No

24 Are you familiar with the feeding recommendations for a dog/puppy?:  Yes  No

25 Comments:

TheLindenShelter@aol.com