



Application for Adoption

Thank you for your interest in adopting a dog from Farfel's Friends Rescue. Please answer the following questions to the best of your ability. It may take us up to a week to process your application, as we will check in with your veterinarian and references before we can get back to you. Please note that all applicants will receive a live interview and home visit before being approved to adopt dogs.

Basic Information:	
Applicant Name:	
Co-Applicant Name:	
Email:	
Phone:	
Address:	City, State, Zip:
How did you find out about Farfel's Friends rescue?	
Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student	
Employment (or Schooling) Information: Place of Employment: Address: Phone:	
Applicant Signature:	Co-Applicant Signature:

Adoptable Dog Information
What breed(s), gender and age are you interested in?
What characteristics about these dogs are most interesting to you?
What is the youngest dog you would consider adopting?
What is the oldest dog you would consider adopting?
Please list any dogs you are particularly interested in:
If this dog becomes unavailable, are you open to another dog currently in our care? <input type="checkbox"/> yes <input type="checkbox"/> no

Behavior Information		
Please list any traits you are particularly interested in:		
<input type="checkbox"/> kid friendly	<input type="checkbox"/> sleeps in dog bed	<input type="checkbox"/> cuddly
<input type="checkbox"/> dog friendly	<input type="checkbox"/> sleeps in your bed	<input type="checkbox"/> loner
<input type="checkbox"/> cat friendly	<input type="checkbox"/> crate trained	<input type="checkbox"/> shy/timid
<input type="checkbox"/> female only	<input type="checkbox"/> outgoing	<input type="checkbox"/> enjoys dog parks
<input type="checkbox"/> male only	<input type="checkbox"/> leash trained	<input type="checkbox"/> likes car rides
	<input type="checkbox"/> potty trained	
Foster dogs with medical challenges still make great pets! Would you be willing to adopt a dog with any of the following?		
<input type="checkbox"/> separation anxiety	<input type="checkbox"/> arthritis	<input type="checkbox"/> diabetes
<input type="checkbox"/> suffers from seizures	<input type="checkbox"/> deaf	<input type="checkbox"/> amputee
<input type="checkbox"/> blind		<input type="checkbox"/> requires medication
What is your preferred temperament?		
<input type="checkbox"/> totally mellow <input type="checkbox"/> moderately active <input type="checkbox"/> athletic, high energy <input type="checkbox"/> any		

Household & Care Information:				
How long have you lived at this residence? Months: _____ Years: _____				
Do you: <input type="checkbox"/> rent <input type="checkbox"/> own (Please note, renters must provide a letter from your landlord stating you are able to have the type of pet you are looking to adopt)				
What kind of fence does your yard have? <input type="checkbox"/> No yard / fence <input type="checkbox"/> chain link <input type="checkbox"/> <input type="checkbox"/> 4' wood privacy fence <input type="checkbox"/> 6' wood privacy fence <input type="checkbox"/> <input type="checkbox"/> other: _____				
How high is your fence at its lowest point?				
Is everyone in your household aware of and on board with your intentions to adopt a dog? <input type="checkbox"/> yes <input type="checkbox"/> no				
Please list everyone living in your household:				
Name:	Age:	Relationship:		
Please list any other animals of all breeds and species living on the property and/or in the home:				
Name:	Age:	Species:	Gender:	Breed(s) (if Applicable)
Please list any pets you have owned within the last 5 years and what happened to them:				
Name:	Age:	Species:	Breed(s):	What happened to them?
Have all of your pets been around another dog before? <input type="checkbox"/> yes <input type="checkbox"/> no				
How do you think your pets will adjust to a new dog in the home? Please explain: 				
Have you ever adopted a pet from a rescue or shelter before? <input type="checkbox"/> yes <input type="checkbox"/> no				
Have you ever surrendered a pet of your own to a shelter or rescue? <input type="checkbox"/> yes <input type="checkbox"/> no Please explain:				
Who will be responsible for the primary care and training of your dog? Please explain:				

Household & Care Information (continued):
Describe the activities you will participate in that will include your rescued dog:
What circumstances would make you consider surrendering your rescued dog?
Tell us about the routine healthcare you would provide to keep your dog healthy:
Where will your rescued dog stay when you are at work or gone from the home?
Where will your rescued dog sleep at night?
Are you willing to give a rescued dog 3 months to adjust to you, your family and the environment of the home? <input type="checkbox"/> yes <input type="checkbox"/> no
What will you do if your dog is destructive when left alone?
What is your estimate of the routine yearly expense of owning a dog?
What does this figure include?
How have you educated yourself on the breed(s) you are interested in adopting?
What type of food will you be feeding your dog? Be specific:
What type of equipment will you use to walk your rescued dog?
Please tell us what you and your home environment have to offer a rescued dog:
Have you ever sold or given away any of your pets? <input type="checkbox"/> yes <input type="checkbox"/> no Please explain:
Who will be responsible for the primary care and training of your dog? Please explain:
Where will your new dog attend obedience training? We are happy to refer you if you have not worked with a trainer before.
In case of a medical emergency, who will use as your ER vet?
Who will care for your dog when out of town and/or in case of emergency? (If this person/facility is not listed as a reference please provide name & number.)

References	
Please provide one veterinary reference and three personal references whom we may contact. One must be a neighbor, only one can be a family member:	
Vet Reference:	
Name:	Clinic Name:
Phone:	Email:
Address:	City, State, Zip:
Pets seen at this clinic:	
Personal Reference 1:	
Name:	Email:
Phone (home):	Phone (cell):
Address:	City, State, Zip:
Relationship:	
Personal Reference 2:	
Name:	Email:
Phone (home):	Phone (cell):
Address:	City, State, Zip:
Relationship:	
Personal Reference 3:	
Name:	Email:
Phone (home):	Phone (cell):
Address:	City, State, Zip:
Relationship:	

Terms
<p>I understand that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> If I rent my home, my application will not be reviewed until Farfel's Friends Rescue has received a copy of a letter from my landlord faxed to: 303-443-7730 or mailed to 906 Pearl Street, Boulder, CO 80302. <input type="checkbox"/> I must be at least 21 years old to adopt a rescue from Farfel's Friends Rescue. <input type="checkbox"/> There is often no prior history on our rescued dogs. <input type="checkbox"/> We cannot guarantee any breed information. Our interpretation is from information gathered from the shelter, vet opinion and from our prior dog interaction/experience. <input type="checkbox"/> That in most cases, our adoptable dogs have had little or no prior training and usually require basic obedience training at minimum. <input type="checkbox"/> Reference checks and a home visit must be completed prior to final consideration for approval. <input type="checkbox"/> We cannot guarantee the temperament of any rescue dog. <input type="checkbox"/> We do not guarantee placement of a dog within your home. <input type="checkbox"/> I must sign an adoption contract if/when approved. <p>I attest all information provided above is true. I promise to care for my rescued dog to the best of my ability with the full intent of keeping the dog for the duration of its life. I also agree to keep a buckle collar and ID tag on the dog when outside of the home, provide quality dog food, adequate shelter, vet care and training as needed.</p> <p>By checking this box, you agree to the terms above: <input type="checkbox"/></p>

Volunteerism

Are you interested in volunteering with or learning more about Farfel's Friends Rescue and ways to help? If yes, check all that apply, or add your own ways of helping out!

- | | |
|---|---|
| <input type="checkbox"/> adoption application review | <input type="checkbox"/> planning events |
| <input type="checkbox"/> adopter research (veterinary / reference checks) | <input type="checkbox"/> graphic design & web content |
| <input type="checkbox"/> fundraising | <input type="checkbox"/> newsletters & press releases |
| <input type="checkbox"/> legal | <input type="checkbox"/> training |
| <input type="checkbox"/> sewing / arts & crafts | <input type="checkbox"/> grant-writing |
| <input type="checkbox"/> home checks & home visits | <input type="checkbox"/> networking |
| <input type="checkbox"/> transports / transportation | <input type="checkbox"/> other (please list): |

Thank you for taking the time to submit this application. The information provided will help us to find the most appropriate match for your lifestyle.

We will be in touch!
Farfel's Friends