

Friends of Culebra Animals, Inc. (FCA)

PO Box 527

Culebra, PR 00775

friendsofculebraanimals@gmail.com

Dog/Cat Adoption Application Form

Contact Information

Full name: _____

Occupation: _____

Employer including phone # (by providing us with this information, you give us permission to call for verification):

How long have you worked for current employer? _____

Home Address: _____

How long at this address: _____

Phone: _____

Email address: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in: single family, town home, apartment, farm, etc.?

How long have you lived in Culebra (if applicable) _____

Please describe your household: ☐ Active ☐ Noisy ☐ Quiet ☐ Average

If you rent, please give the rules governing pets and the landlord's name and number:

(by providing this information you are allowing FCA to contact your landlord. Please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to dogs/cats?

Is everyone in agreement with the decision to adopt a dog/cat?

Do you have time to provide adequate love, exercise and attention?

Other Pets

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines?

Are these pets spayed/neutered? If not..why?

Have you every surrendered a pet? If so, why?

How do you discipline your pets and why?

How many pets have you had in the past 7 years?

Veterinarian

Do you have a regular veterinarian? ☐ Yes ☐ No

Veterinarian's name:

Clinic Name,Clinic Address, Clinic Phone:

(By providing FCA with this information, you are allowing FCA to call your vet. Please call your vet and ask them to authorize the release of information to FCA).

About the Dog/Cat You Wish to Adopt

Why do you want a dog/cat?

What is your idea of an ideal dog/cat and why?

Desired age: _____ Desired Size: _____

Desired breed: _____

Breed you would not adopt: _____

Desired sex: ☐ Female ☐ Male ☐ No preference

(Dog only) Willing to adopt: ☐ outgoing/hyper dog ☐ shy dog
☐ dog that needs regular medication ☐ dog that needs training
☐ dog that needs grooming____ None of these

Where will the dog spend the day? (describe)

Where will the dog spend the night? (describe)

Number of hours (average) dog will spend alone?

Who will have primary responsibility for this dog's daily care?

If a behavior problem arises with your dog, what steps will you take to work on it?

How will the dog be exercised each day?

Do you agree to keep the dog on a leash when walking it on streets?

Who will have financial responsibility for this dog?

What do you think the monthly cost will be to care and feed the dog?

Do you agree to provide regular health care by a Licensed Veterinarian?

Do you agree to keep the dog as an indoor dog?

When the dog goes out, how do you plan to supervise it? Do you have a fenced yard?

Where and with whom will the dog spend time if you are on vacation?

If you move, what do you plan on doing with the dog?

All dogs go through an adjustment period when adopted. How long do you think is reasonable for the dog to feel at ease and comfortable in your home?

Do you agree to contact FCA if you can no longer keep this dog/cat?

Are you be willing to let a representative of FCA visit your home by appointment?

How did you hear about Friends of Culebra Animals?

Would you be interested in fostering? ___Would like to know more

Adoption Fee/Donation

We require a home visit if feasible. Do you give FCA permission to visit your home to check it for a pet friendly environment?

Actual costs (vaccinations, sterilization if applicable, food, medications, crate, flight, travel certification and projected transportation, if applicable)

Suggested donation is based on transportation costs as FCA strives to only adopt out healthy, socialized pets that are current on vaccinations and sterilized if applicable.

We accept checks or credit cards via PayPal, and is willing to discuss payment plans. Our main goal is to always find the right family for dogs and cats under our guardianship, and we do not want finances to impede that. Your donation allows us to help the next dog/cat find its perfect family too.

Personal References

Please list someone who is familiar with both you and your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This dog/cat will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

(Signature)(Date)