



The
Biscuit Foundation
Helping people and their pets... one paw at a time

Date: ____ / ____ / ____

Case Number _____

The Biscuit Foundation
P.O. Box 2281
Burlington, NC 27216
Phone: 336-266-6000

ADOPTION APPLICATION

We are happy that you have come to us to adopt a new pet. We hope that we can be of service to you. To help ensure that the pet you want will be best suited to you, your home and lifestyle, and that the pet will be placed in an environment compatible with its needs, we ask for your cooperation in filling out this application. We hope you will agree that the pet's welfare **MUST** be our foremost consideration. Upon completion of this application, a staff member will discuss the adoption with you and answer any questions you might have. We ask for your patience and cooperation. Thank you.

Pet Information

What is the name of the pet you are interested in: _____

Personal Information

Name: _____

Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

Your Employer: _____ Work Phone: _____

Spouse's Employer: _____ Spouse's Work Phone: _____

Your Age: _____ Spouse's Age: _____

Are you expecting a child or planning a family? Yes No

Does your or your spouse's job require frequent out of town travel? Yes No

Are you or your spouse subject to relocation? Yes No

Are you a student? Yes No

Are you in the military? Yes No

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Family Information

How many family members live in your home, including yourself? _____

List the ages of the family members living in your home:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Besides your immediate family, are there others residing in your home? Yes No

List the ages of the others living in your home:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Home Information

Do you own or rent? Own Rent

If you rent, please provide name and phone number of your landlord.

How long have you lived at your current address? _____

Please describe your neighborhood: _____

Does your home have a yard? Yes No N/A

Does fencing completely enclose the yard? Yes No N/A

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Home Information "cont'd"

If not, explain how and where you will allow a dog to exercise and relieve itself? _____

If your yard is fenced, please describe what kind: _____

How tall is your fence? _____ Is the gate currently locked with a padlock? Yes No

Can strangers gain access to your yard from the street? Yes No

Other Pet Information

Do you have others pets at this time? Yes No

If yes, please tell us what pet(s) you have: _____

If yes, are they spayed or neutered? Yes No

If yes, are they currently on heart worm preventative? Yes No N/A

If yes, are they indoors or outdoors? Indoors Outdoors

Please describe in detail the perfect pet for you, including age, sex and temperament: _____

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Other Pet Information "cont'd"

Do your pets get along with (tolerate) other animals? Yes No

If no, please explain: _____

Do you prefer a pet that will be primarily indoors or outdoors?

Indoors Outdoors

Please describe where the pet will stay when you are at home: _____

Please describe where the pet will stay when you are away: _____

Please describe where the pet will sleep at night: _____

How many hours per day will the pet be alone? _____

Do you have a crate? Yes No

Do you plan to use a crate? Why or why not? _____

If yes, how many hours per day will the pet be crated? _____

What kinds of solutions would you be willing to try if housebreaking accidents occurred?

Crate Leave outside None, I would need to return the pet

Other (specify) _____

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References

Many veterinarians will not release information to us without your permission. Please let your vet know that someone from The Biscuit Foundation will be calling them and that it is OK to release information to us.

I called my veterinarian(s) on this date: _____, and I spoke with: _____ to let them know that someone from The Biscuit Foundation will be calling and I have given my permission for them to release information to you.

Please provide us with your current veterinarian information (required):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Please provide three references not related to you:

Reference # 1:

Name: _____

Day Phone: _____ Evening Phone: _____

Reference # 2:

Name: _____

Day Phone: _____ Evening Phone: _____

Reference # 3:

Name: _____

Day Phone: _____ Evening Phone: _____

I certify that all statements made by me on this adoption application are true and correct.

Signed: _____ Date: _____