



**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.

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How long have you lived at your current address? \_\_\_\_\_

Please describe your neighborhood: \_\_\_\_\_

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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? \_\_\_\_\_

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If your yard is fenced, please describe what kind: \_\_\_\_\_

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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, 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: \_\_\_\_\_