

Pope Memorial Frontier Animal Shelter Inc.
4473 Barton-Orleans Rd
Orleans, VT 05860
Phone: 802-754-2228 Fax: 802-754-2244
Email: animals@fasv.comcastbiz.net Website: www.frontieranimalsociety.com

Applications are subject to a processing period of 48-hours

Which animal are you interested in? _____ Email Address _____

Your Name: _____ Date: _____

Telephone and/or cell number: _____ Age if under 21: _____

Mailing address: _____

City/State _____ Zip _____

Street address, if different: _____

How long have you lived at your current address? _____

Do you own or rent your home? Landlord name/phone number: _____

Please circle your answers to the following questions:

Do you live in a: house mobile home apartment condo duplex

Which best describes where you live? City town outside of town country

Describe the traffic by your home: heavy moderate occasional very little

Place of Employment: _____

full time part time retired student other: _____

Best describe your household: quiet moderate active athletic chaotic daycare

What reason(s) do you want a pet? family pet companion protection hunting mouser barn cat

Who are you adopting this animal for? _____

How many adults live in your home? _____ How many children and their ages? _____

Who will be responsible for the care of this animal? _____

Who will care for the animal when you go out of town? _____

How many hours per day will this pet be left alone? _____

Have you ever adopted an animal from any shelter before? _____ If so, when and where
is this pet now? _____

Have you ever surrendered a pet to a shelter? _____ If so, why? _____

Are you aware that the cost of vet care annually can be anywhere from \$60.00 to an excess of \$250.00
and are you willing to make this commitment? _____

Are you moving or going on vacation in the next 6 months? _____

Dog applicants:

Where will your dog stay when you are not at home? _____

When your dog is outside, how will you control him/her? _____

Where will your dog sleep? _____

Are you interested in crate training? _____ Would you like this training information? _____

If obedience lessons are recommended, are you willing to pay for and attend these classes? _____

Cat applicants:

Will your cat be an INDOOR, OUTDOOR, or BOTH Do you plan to have a litter box? _____

Do you plan to de-claw this cat and if so, why? _____

Please list all of the pets you have owned in the past five years and that are currently in the household:

Name/cat or dog	spayed or neutered?	when did you get this pet?	where did you get this pet?	where is the pet now?	Is the animal UTD on vacc?

Are your dogs licensed and if so, in which town? _____

Who is your veterinarian? _____ phone number: _____

How often and for what do you take your pet(s) to the veterinarian? _____

Please list **two** personal references with a telephone number: _____

PLEASE READ BEFORE SIGNING

The Pope Memorial Frontier Animal Shelter (PMFAS) reserves the right to verify all information given on this application. Any misinformation or falsification will result in automatic refusal of an animal or confiscation of the animal if the adoption has already taken place. If, following verification, PMFAS criteria is not met, PMFAS reserves the right to refuse adoption. Animals adopted from PMFAS are to be placed in permanent homes where a lifetime of commitment can be assured.

I, _____ (print name) grant permission for PMFAS to verify the information I have presented on this application. I also give the veterinarian/clinic named on this application permission to release information PMFAS may request in order to process this application.

Signature: _____ date: _____