



**Continued from previous page. The following questions must be answered.**

Why do you want to adopt at this time? \_\_\_\_\_  
Do you want an indoor or outdoor pet? \_\_\_\_\_  
Do you understand and will you comply with the City of Fayetteville's leash law? \_\_\_\_\_  
Are there any behavioral issues that may cause you to return the pet to the Shelter? \_\_\_\_\_  
If yes, what are they? \_\_\_\_\_

By signing below, I certify that all information provided will be found to be true and that any misrepresentation of facts, on my behalf, may result in denial of adoption. I understand that:

- Pets up for adoption are the sole property of Fayetteville Animal Services.
- Filling out this application does not guarantee me a pet. Placement of animals is at the discretion of Fayetteville Animal Services.
- I am authorizing investigation of all statements I have provided on this application.
- A representative of Fayetteville Animal Services may contact me in the future to follow up on the success of this adoption.
- Although Fayetteville Animal Services has provided initial vaccinations and spay/neuter surgery, all pets should see a veterinarian in the first few weeks after adoption.
- Any pet adopted from Fayetteville Animal Services may require special training for behavioral problems and I understand that it will be my responsibility to try to resolve these issues before returning the pet to Fayetteville Animal Services.
- The adoption fee is non-refundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Checklist for Staff/Adoption Counselors to Discuss**

_____ 24-hour Waiting Period	_____ Annual Vaccinations	_____ Yearly Licensing
_____ Adjustment/Isolation Period	_____ Spay/Neuter Info	_____ Precautions w/Children
_____ House Training	_____ Illness after Adoption	_____ Parvo Info for Puppies
_____ Rabies Vaccination	_____ Exercise and Grooming	_____ Lifetime Commitment

Adoption Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

When adopter can pick up: \_\_\_\_\_

**For Office Use Only**

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\_\_\_\_\_ System Checked      \_\_\_\_\_ Landlord Checked      \_\_\_\_\_ Veterinarian Checked

Approval of Adoption Application: \_\_\_\_\_ Date: \_\_\_\_\_