



4101 West Genesee St.
Syracuse, NY 13219
www.fairmountanimal.com
(315) 468-3446

Fairmount Animal Hospital Dog Adoption/Foster Application

Adoptable Dog's Name: _____ Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Are you a client here? _____ If no, where do you seek veterinary care? _____

May we contact your veterinarian for a reference? _____ Phone Number: _____

Housing Status: (circle one): Rent Own Housing Type (home/apartment): _____

Please list any current pets in the household: (Please include name, breed, sex, age and spayed or neutered)

Number of people in the household: _____ Ages of people in the household: _____

How long will the dog be alone on a typical day? _____ Will the dog be crated? _____

Where will the dog be left while you are away? _____

Describe your home environment: (i.e. calm, chaotic, busy, quiet) _____

Describe what life would be like for a dog that joins your family: _____

Are you willing to put in the time and expense of training your dog? _____

What do you plan to do to train your dog? _____

It may take a month or more for your new dog to adjust to a new home. Are you prepared to allow this much time? (circle one) Yes No

Do you understand that veterinary expenses to care for your dog are your responsibility after adoption and are you prepared for that expense? (circle one) Yes No

Is there anything else you would like us to consider for your adoption application? _____

Please list one personal reference:

Name: _____ Phone Number: _____

Signature _____ Date _____

****Thank you for your application. All applications will be considered and pets will be placed with the best fit for their personality. We look forward to helping you find your perfect pet. ****

