

FOXCROFT VETERINARY SERVICES

Adoption Application

**Please see below*

Name: _____ Date: _____

Spouse, Partner, or Roommate(s) Names: _____

Phone Number: _____

Cell Phone Number: _____

Email: _____

Address: _____

What is the NUMBER of the pet you are interested in adopting: _____

VET REFERENCES WILL BE CHECKED

APPLICANTS: PLEASE CHECK WITH YOUR VET TO MAKE SURE YOUR PETS ARE UP TO DATE AND TO GIVE THEM PERMISSION TO SPEAK WITH A FOXCROFT VETERINARY SERVICES EMPLOYEE. WE REQUIRE RABIES & FVRCP/DHLPP VACCINES ON ALL ANIMALS IN THE HOUSEHOLD AS WELL AS REGULAR ANNUAL WELLNESS EXAMS.

Veterinarian Info (Name, Address, Phone): _____

Please list any and all types of animal(s) you have owned in the past 5 years, including those you have now:

Name and Phone Number of one personal reference (family member not living with you)

Name and Phone Number of one personal reference (non-family member, may not be a veterinarian)

***FILLING OUT THIS APPLICATION DOES NOT GUARANTEE AN ADOPTION APPROVAL**

Approved: _____

Declined: _____ Reason: _____

FVS Employee Initials: _____ Date: _____