



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](mailto:animals@fasv.comcastbiz.net) Website: [www.frontieranimalsociety.com](http://www.frontieranimalsociety.com)

Applications are subject to a processing period of 48-hours.

Which animal are you interested in?

Email Address:

Your Name:

Date:

Home and/or cell phone number: \_\_\_\_\_ Age if under 21: \_\_\_\_\_

Mailing address:

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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 what are the ages?

Who will be responsible for the care of this animal?

Who will care for this animal when you go out of town? \_\_\_\_\_

Who will care for the animal in the case of an emergency?

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

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

Have you ever surrendered a pet to this 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?

## 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?

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**Please list all of the pets you have owned in the past five years. Please list all of the animals currently living in your home.**

Animal name/Species	Spayed or neutered?	When did you get this pet?	Where did you get this pet?	Where is the pet now?	Up to date on vaccines?

Are your dogs licensed? 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: