

# Falcon Animal Rescue

6520 Mahoning Avenue  
Austintown, OH 44515

Phone: 330-757-2351 -or- 330-360-0185  
8am-4pm Monday thru Sunday

Name of Animal you wish to Adopt:

Please tell us, What attracted you to this Pet?

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1st Name:

Last Name:

Address 1:

Address 2:

City: State: Zip Code:

Home Phone: Best time to Call:

Work Phone:

Cell Phone:

E-Mail Address:

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Reference 1:

1st Name: Last Name:

Relationship to You:

Years Known: Phone Number: Best time to Call:

Alternate Phone Number:

E-Mail Address:

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Reference 2:

1st Name: Last Name:

Relationship to You:

Years Known: Phone Number: Best time to Call:

Alternate Phone Number:

E-Mail Address:

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Type of Residence: Do you Own or Rent: **Own Rent**

How Long have you Lived at this Address:

If Renting, do you have the Landlords Permission to Adopt Animals: **YES NO**

Landlord's Name: Landlord's Phone Number:

How many Adults are in your Household:

How many Children:

Ages of Children 1: 2: 3: 4: 5:

Do any Family Members have Allergies to Animals: **YES NO**

If YES to Allergies, Please Explain:

Are ALL of your Family Members in Agreement with Adopting a pet and Understand the

Work and Patience Involved: **YES NO**

Do you have a Regular Veterinarian: **YES NO**

Veterinarian Full Name:

Veterinarian's Address:

Veterinarian's Phone Number:

How long have you been with this Veterinarian:

Do you give Falcon Animal Rescue permission to contact your Vet? **YES NO**

If NO Veterinarian Reference, Please Explain:

Pets Presently in Your Home:

- |                 |                 |                      |      |        |  |  |
|-----------------|-----------------|----------------------|------|--------|--|--|
| 1. Name:        | Type of Pet:    | Dog                  | Cat  | Other  |  |  |
| Sex: <b>M F</b> | Spayed/Neutered | <b>Yes No</b>        | Age: | Breed: |  |  |
| 2. Name:        | Type of Pet:    | <b>Dog Cat Other</b> |      |        |  |  |
| Sex: <b>M F</b> | Spayed/Neutered | <b>Yes No</b>        | Age: | Breed: |  |  |
| 3. Name:        | Type of Pet:    | <b>Dog Cat Other</b> |      |        |  |  |
| Sex: <b>M F</b> | Spayed/Neutered | <b>Yes No</b>        | Age: | Breed: |  |  |
| 4. Name:        | Type of Pet:    | <b>Dog Cat Other</b> |      |        |  |  |
| Sex: <b>M F</b> | Spayed/Neutered | <b>Yes No</b>        | Age: | Breed: |  |  |
| 5. Name:        | Type of Pet:    | <b>Dog Cat Other</b> |      |        |  |  |
| Sex: <b>M F</b> | Spayed/Neutered | <b>Yes No</b>        | Age: | Breed: |  |  |

Pets you have had in your Home in the last 10 Years:

- |              |                            |
|--------------|----------------------------|
| 1. Pet Name: | What Happened to this Pet: |
| 2. Pet Name: | What Happened to this Pet: |
| 3. Pet Name: | What Happened to this Pet: |
| 4. Pet Name: | What Happened to this Pet: |
| 5. Pet Name: | What Happened to this Pet: |

On an average, how many hours per day will your New Pet spend with Human Company:

Where will the pet spend His/Her Nights:

Where will the pet spend His/Her Days:

Do you agree to contact Falcon Animal Rescue if you can no longer care for your pet: **YES NO**

Please tell us, How did you hear about the efforts of Falcon Animal Rescue:

Are you 21 years of age or older: **YES NO**

**Disclaimer**

Falcon Animal Rescue makes a substantial effort to assure that adoptable animals are in good health. It is possible, however, that undetectable illnesses or conditions may be present or incubating at the time of adoption. Therefore, Falcon Animal Rescue does not make any guarantee as to age, behavior, breed, health, temperament or ultimate size of any animal.

I understand and agree with the above Disclaimer: YES NO

**Agreement**

I agree to accept and consider my new pet as a household companion, not as an outside pet, and to provide him/her with humane care and treatment, including proper food, water, shelter and exercise, and to give him/her a reasonable amount of time to adjust to new surroundings.

I agree to provide proper medical/veterinary care, including yearly checkups, vaccinations and heartworm prevention medicine, as well as veterinary care for unusual symptoms.

I understand and agree with the above Agreement: **YES NO**

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