



P.O. Box 240981
Anchorage, AK 99524-0981

To fax your application: (907) 563-5752

RESCUE PROGRAM ADOPTION APPLICATION

DATE:

Name of FOP animal requested:	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other Breed:
Name (please print)	Physical address
Phone (daytime): Phone (evening):	City, State, Zip
Best time to call:	Mailing address if different from above
Email address	City, State, Zip
Do you <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live in military housing? If you rent, can you provide proof of permission to own a pet? Landlord name and phone number (required): Type of housing: <input type="checkbox"/> single family home <input type="checkbox"/> apartment <input type="checkbox"/> condo <input type="checkbox"/> trailer <input type="checkbox"/> duplex <input type="checkbox"/> shared yard	How long have you lived at this address? How long did you live at your previous address?
Does your whole family agree to adopting? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there children in the home or regularly visiting? <input type="checkbox"/> Yes <input type="checkbox"/> No Ages: Have the children been around animals before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is anyone in the home allergic to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what types: Does anyone smoke inside the home? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please tell us about the family pets you have now:

Pet's name	Species/Breed	Age	How long owned?	Spayed/Neutered?	Vaccinated?	Declawed?

Has one of your pets had a contagious illness (such as parvo, feline leukemia, ear mites or mange) in the last 12 months?

