



Friends of the  
Orleans County  
Animal Shelter Inc.

## Interest Application

NYS Registered Rescue/Shelter RR058

Date: \_\_\_\_\_ What pet are you interested in? \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Experience with breed/species? \_\_\_\_\_

If interested in cat/kitten, will she/he be an indoor pet? \_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_ Is home in Mobile Home Park? \_\_\_\_\_

Name of Mobile Home Park \_\_\_\_\_

If you rent or live in Mobile Home Park, do you have your landlord's permission? *Must provide written permission.*

Landlord's Name \_\_\_\_\_ Landlord's Phone \_\_\_\_\_

Do you have fenced in yard? \_\_\_\_\_ Type: \_\_\_\_\_

Please list all other pets and ages (cat/dog/other species) living in your home and if they are spayed/neutered and vaccinations UTD:

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Ages of children who live in your home. Indicate (N/A) if no children:

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It may take up to two months or longer for your pet to adjust. Are you prepared to allow this much time? \_\_\_\_\_

Please list current/past veterinarian \_\_\_\_\_

*I hereby certify that the information I provided is true to the best of my knowledge. I give my permission for any of this information to be certified. I understand that filling out this form does not automatically entitle me to adopt an animal, and that I must be approved to adopt by the Board of Friends of the Orleans County Animal Shelter and that this application may not result in the adoption of the pet I request.*

SIGNATURE \_\_\_\_\_ VOLUNTEER INITIALS \_\_\_\_\_