



FAR Side Journey, Inc. * 15068 Rosecrans Avenue, #275 * La Mirada, CA 90638 * Phone (562) 508-2638

ADOPTION APPLICATION

First Name: _____ Last Name: _____ Birthdate: _____
Address: _____ City: _____ State: _____ Zip: _____
Primary Phone: _____ Secondary Phone: _____
Email: _____ Are you employed? ☐ Yes ☐ No
Driver's License or ID #: _____ State Issued: _____
Are you 18 years old or older? ☐ Yes ☐ No
Have you even been convicted of a crime involving animal cruelty or neglect? ☐ Yes ☐ No

About Your Household

Do you: Own ☐ Rent ☐ Other ☐ Do you live in a: House ☐ Condo/Townhome ☐ Apartment ☐ Other ☐
Does your landlord allow animals? ☐ Yes ☐ No ☐ N/A
Do you agree to allow us to contact your landlord? ☐ Yes ☐ No ☐ N/A
Landlord First Name: _____ Last Name: _____ Phone Number: _____
Number of adults living in your home: _____
Do all household adults know that you plan to adopt a Pet? ☐ Yes ☐ No
Number of children living in home (under 18): _____ Ages of children living in home: _____ ☐ N/A

About the Pet

If you know the pet you want to adopt, please provide the Pet's name: _____ ID #: _____
If you do not know what pet you want to adopt, please provide information on the type of pet you are interested in adopting (type/breed/age/etc): _____
Why do you want to adopt a pet? Companion ☐ Gift ☐ Protection ☐
How many hours per day will your pet spend alone? _____
Where will your pet be kept when not with you? _____
Will your pet be kept indoors at night? ☐ Yes ☐ No
Are you willing to train the basic commands? (sit/stay/come/heel/off/down/no)? ☐ Yes ☐ No
Do you agree to use only positive reinforcement training? ☐ Yes ☐ No
Do you understand that your new pet may need to be housetrained and are you prepared for this? ☐ Yes ☐ No
Are you prepared to housetrain your new pet? ☐ Yes ☐ No
Do you have a fenced yard? ☐ Yes ☐ No How high is the fence? _____
Do you own any dogs and/or cats at the present time? ☐ Yes ☐ No ☐ N/A
Do they get along with other household animals? ☐ Yes ☐ No ☐ N/A



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What types of pets do you currently own and have owned in the last 10 years?

Type of Pet	Breed	Year's Owned	Still Owned	If Still Owned, Age

How much do you anticipate the annual financial cost for your pet will be (food, vaccinations, licensing, enrichment, and medical care)?_____ Are you prepared for this cost? ☐Yes ☐ No

Are you prepared to care for your pet for its lifetime (maybe 15 years or more)? ☐Yes ☐ No

It may take your new pet two or more weeks to adjust to its new home (especially if other pets are involved). Are you prepared for this transition? ☐Yes ☐ No

If approved, are you ready to bring your new pet home? ☐Yes ☐ No

Do you currently have a veterinarian? ☐Yes ☐ No

Veterinarian you plan on using for your pet:

Veterinarian Name: _____ Phone Number: _____

The animals available for adoption are from municipal shelters. They are examined upon entry to the shelter and again by FAR Side Journey's veterinarian prior to being made available for adoption. Even with these precautions, there is always a chance that an animal is incubating a disease. If you notice any signs of illness, disease or behavioral problems you must immediately contact your veterinarian and work out a plan to address the illness, disease or behavioral problem. FAR Side Journey cannot guarantee the health or disposition of any adopted pet. Do you agree to these terms? ☐Yes ☐ No

I acknowledge that the information provided on this application is correct to the best of my knowledge. FAR Side Journey Inc. reserves the right to refuse adoption of an animal to anyone. No adoption application will be approved if it is found to be misleading or has failed to provide accurate information on the Adoption Application or any other associated forms.

Applicant Signature: _____ Print Name: _____

Date: _____

FOR OFFICE USE ONLY:			
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pet Name:	ID #:	Vaccinations: <input type="checkbox"/> Yes <input type="checkbox"/> No
RTR: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Reason:	