

**Foundation for the Care of Indigent Animals**  
**P.O. Box 2574, Spring Valley, CA 91979**

*Please note: Applications are taken and reviewed by the FCIA.  
After careful consideration the dog is then placed in the home that will be best for the dog.*

1. Date:
2. Name:
3. Spouse/Roommate:
4. Address:
5. Email Address:
6. Occupation (All applicants):
7. Home Phone:
8. Work Phone:
9. I have chosen this dog because:
10. I learned about this dog through:
11. Everyone in my household wants the dog except:
12. No one is allergic to animals except:
13. I currently own \_\_\_\_\_ cats and \_\_\_\_\_ dogs. Their breeds are as follows:
14. These pets \_\_\_\_\_ are \_\_\_\_\_ are not spayed/neutered.
15. These pets \_\_\_\_\_ are \_\_\_\_\_ are not licensed.
16. I \_\_\_\_\_ have \_\_\_\_\_ have not owned other dogs in the past. If so, how many? \_\_\_\_\_
17. The following is a brief description of what has become of these dogs. (Be specific) If deceased, please state the cause of death and how long ago.
18. How did you obtain your previous pets?
19. I want this dog \_\_\_\_\_ for my children, \_\_\_\_\_ as a companion for me, \_\_\_\_\_ for protection, \_\_\_\_\_ to give as a gift, \_\_\_\_\_ as a companion for my other pets, \_\_\_\_\_ hunting, \_\_\_\_\_ guard dog, \_\_\_\_\_ other. Please number as many choices as apply in order of importance.
20. Are you willing to housebreak this dog? \_\_\_\_\_ Yes \_\_\_\_\_ No
21. My children are the following ages:

22. I plan to \_\_\_\_ have \_\_\_\_ not have more children in the future.
23. I live in a \_\_\_\_ house, \_\_\_\_ condo, \_\_\_\_ apt. \_\_\_\_ mobile home, \_\_\_\_ military housing, \_\_\_\_ other (please specify).
24. \_\_\_\_ I own my own home \_\_\_\_ I rent and I have my landlord's permission to have a dog. Landlord's phone number:
25. \_\_\_\_ I do \_\_\_\_ I do not have a fenced yard. The fence is made of: \_\_\_\_\_ and is about \_\_\_\_ feet high. Passers by \_\_\_\_ could, \_\_\_\_ could not see my dog behind the fence.
26. I plan to exercise my dog in the following ways:
27. I \_\_\_\_ do \_\_\_\_ do not object to an inspection of my premises by an FCIA representative.
28. I realize that dogs require annual vaccinations and routine medical care. I estimate the cost to be about \$\_\_\_\_\_ per year.
29. I realize that at some time my dog may become sick or injured. I am \_\_\_\_ willing \_\_\_\_ unwilling to provide additional medical care if needed.
30. What happened to your last dog?
31. Please give name, address and phone number of your Veterinarian:
- 32. \*I agree to advise my vet that you will be phoning for medical information on my previous and current pets and we will also notify you when we have done so. I understand that this application will not be processed until this occurs. If I have had no previous pets/veterinarian services, this does not apply.**
33. Please give the name, address and phone number of your current groomer or one you used in the past with previous pets:
34. What is the maximum you would expect to pay for medical per year?
35. I \_\_\_\_ will \_\_\_\_ will not spay/neuter my dog. If not, please explain:
36. I \_\_\_\_ will \_\_\_\_ will not be licensing my dog.
37. The following people will be responsible for the dog:
38. I realize that dogs may live for 12 to 15 years or more:
39. I would not be able to keep this dog under the following circumstances \_\_\_ divorce, \_\_\_ move, \_\_\_ new baby, \_\_\_ new job, illness, \_\_\_ other.
40. What would happen to your dog should something happen to you during its lifetime and you could no longer care for it?

Is there someone to could take your dog and care for it?

Name:

Address:

Phone#

What type of pet do they have now?

41. I \_\_\_ am \_\_\_ am not a frequent traveler. While out of town, I plan to provide for my dog in the following way:
42. I understand that the initial adjustment period between a dog and its new owner is critical. I plan to be with my dog for \_\_\_ hours; or \_\_\_ days before my dog will be left alone for any period of time.
43. My dog will be left alone approximately \_\_\_ hours per day. While I am away, where will the dog stay?
44. While I am at home, my dog will stay \_\_\_ inside \_\_\_ outside, \_\_\_ both. If both, my dog will spend its inside and outside hours in the following time allotments:
45. I have the following outdoor shelter for my dog:
46. I \_\_\_ have, \_\_\_ do not have a swimming pool. The pool is \_\_\_ fenced, \_\_\_ unfenced. I realize that dogs frequently drown in pools and if my pool is unfenced I plan to protect my dog in the following way:
47. My dog will sleep where? (Please be specific):
48. My dog \_\_\_ will \_\_\_ will not have a doggie door. In the event there is no doggie door, my dog will be able to get in and out of the house in the following way:
49. I \_\_\_ realize, \_\_\_ did not realize that dogs frequently left alone dig, chew and bark. I will deal with these potential problems in the following way:
50. I \_\_\_ have, \_\_\_ have not ever given up a dog. If so, please explain:
51. I \_\_\_ do, \_\_\_ do not allow my dog to run and play in public places (beach, park, etc) without a leash.
52. I \_\_\_ am, \_\_\_ am not aware of obedience training classes.
53. I \_\_\_ would, \_\_\_ would not welcome more information regarding health, safety and training information for my dog.
54. I \_\_\_ do, \_\_\_ do not have a \_\_\_ pond, \_\_\_ Jacuzzi in my yard.

**I understand that no adoption is officially approved unless signed by one of the Board of Directors of the Foundation for the Care of Indigent Animals (FCIA).**

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, AND THAT ANY FALSE INFORMATION MAY RESULT IN NULLIFYING THE APPLICATION.**

Signature:

Date:

Signature

Date: