

Ark Angels Rescue Adoption Application

Name of Animal: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone Number: _____ Cell Phone Number: _____

Email: _____

Drivers License Number: _____

Date of Birth: _____

Employer: _____

Address: _____

City: _____ State: _____ ZIP: _____

Work Phone Number: _____

Work Email: _____

Please complete all the information on the following pages. By signing below, you certify that you understand the following.

1. It is Ark Angels Rescue's right to refuse adoption to anyone.
2. It is Ark Angels Rescue's right to contact individuals on this form.
3. The information within this application is accurate and not misleading in anyway.

I understand by typing my name below on this contract is equal to a scripted signature.

Signature: _____

Date: _____

General Information

1. Do you have other pets at home? Yes/ No If yes:

Species:	Gender:	Age:	Altered:
<input type="checkbox"/> Dog/ <input type="checkbox"/> Cat/ <input type="checkbox"/> Other	<input type="checkbox"/> Male/ <input type="checkbox"/> Female	_____	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<input type="checkbox"/> Dog/ <input type="checkbox"/> Cat/ <input type="checkbox"/> Other	<input type="checkbox"/> Male/ <input type="checkbox"/> Female	_____	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<input type="checkbox"/> Dog/ <input type="checkbox"/> Cat/ <input type="checkbox"/> Other	<input type="checkbox"/> Male/ <input type="checkbox"/> Female	_____	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<input type="checkbox"/> Dog/ <input type="checkbox"/> Cat/ <input type="checkbox"/> Other	<input type="checkbox"/> Male/ <input type="checkbox"/> Female	_____	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

2. Have you had animals in the past? Yes/ No If yes:

Dog/ Cat/ Other

How long did you have your last animal?

What happened to your last animal?

3. Who is/ was your veterinarian?

Name: _____

Phone Number: _____

Address: _____

City: _____ State: _____

How long have they been your vet? _____

4. How long have you resided at your current address? _____

5. Where do you currently live? House/ Apartment/ Other _____

6. Do you own/ rent (please check one) your home? If you rent, does your lease allow animals? Yes/ No

Landlord's Name: _____

Phone number: _____

How many people live in your household? _____

7. If there are any children under 18 please list their ages: _____

8. Does anyone in your household have allergies to animals?

Yes /No

9. Where will this animal be kept during the day_____ / night_____?

10. Is anyone home all day? Yes/ No If no: How long will this pet be left home alone in 24- hour period?_____

11. Where will he/ she be kept when home alone?

12. Are you financially prepared to give this animal routine and emergency medical care? Yes/ No

13. List three references with name, relationship, and phone number. Only one can be a family member.

Name	Relationship	Phone Number

14. In the event you become ill, who will be responsible for the care of your animals?

Dog Adoptions

Please fill this out if you are adopting a dog. Please answer as best as you can.

1. Why do you want to adopt a dog? (Check all that apply)
 - Companion animal for myself/ family
 - To breed
 - Guard/ Watch dog
 - Gift for someone else
 - Hunting
2. Do you realize you may have house-train this dog? Yes / No
3. Are you familiar with crate training? Yes / No
4. Are you familiar with leash and licensing laws in you town? Yes/ No
5. How will you be sure your dog doesn't wander off your property?
(Check all that apply)
 - Kept in house
 - Kept in garage
 - Outside in kennel
 - Fenced in yard
 - Kept on a chain/ leash outside
6. Do you have a fenced in yard? Yes / No If yes: How high is the fence? _____
7. What will you do if your dog chews or shows destructive behavior?

8. Do you need an explanation/ help to introduce your other pets? Yes
/ No
9. Are you willing to bring the dog to training, if necessary? Yes / No

Cat Adoption

Please fill this out if you are adopting a cat. Please answer as best as you can.

1. Do you have a cat/ kitten that has been tested for Feline Aids and Feline Leukemia? Yes / No
Result: Positive / Negative

2. Have you ever declawed a cat? Yes / No

Why? _____

3. What are your plans for the cat?

Declaw Outside Indoor Barn

4. What will you do if your cat shows destructive behavior?

If you qualify to adopt an animal that is not yet spayed or neutered, there will be a \$100 holding fee until records are shown providing the spaying/ neutering is complete when due. If spaying/ neutering is not completed by seven (7) months old, we have reserve the right to reclaim the puppy/ kitten unless there is medical proof as to why the puppy/ kitten cannot be spayed/ neutered.

Signature: _____ Date: _____

Print Name: _____

Please do not write below this line, this is for the volunteer who reviews your application.
Comments:

Ark Angels Representative's Name: _____

Ark Angels Representative's Signature: _____

Date: _____