

Adoption Application for The Animal Rescue Klub

Thank you for considering adoption of an ARK dog or cat. The following information will allow us to determine if the animal you have chosen is the most compatible with your family and lifestyle. The animal's welfare is our primary concern when completing an adoption.

You must meet the following criteria before your application will be considered:

- * Be 21 years of age or older with identification showing your present address.
- * Understand that ARK will not adopt puppies (dogs younger than one year) or kittens (cats six months old or younger) to families with children under six years of age.
- * Have the consent of the property owner (if it is someone other than yourself) and members of your household to adopt the pet that you are considering.
- * Be able and willing to spend the time and money necessary to provide medical treatment, proper care and training for a pet.
- * Accurately complete this application. **Incomplete applications will not be considered.**

Please Note: ARK only accepts applications from the DFW Metroplex. ARK reserves the right to refuse adoption to anyone.

Instructions: This form is an interactive pdf file. You may fill out the document online before printing (if you experience any problems, please download the latest version of Adobe Acrobat at www.adobe.com); otherwise, please write legibly. Please mail or fax the completed form to ARK (fax and address located at bottom of form).

GENERAL INFORMATION

Your full name: _____ Your date of birth: _____ DL# / State: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email address: _____

Employer: _____ Employer address: _____

Spouse's name: _____ Spouse's employer: _____

Number of adults (over the age of 18) in household: _____

Names and ages of adults and their relationship to you (brother, mother, roommate, significant other, etc):

Number of children who live in your home: _____

Names and ages of children:

Please list the names and ages of any children who don't live with you, but visit your home and how often:

Does anyone living in the house have allergies to: Dogs Cats Does anyone living in the house have asthma: Yes No

Do all of the adults in the house consent to this adoption: Yes No

Do you live in a: House Apartment Townhome Mobile home Military housing Other

If other, please explain:

Do you own your own home: Yes No

How long have you lived at your current address: _____

Do you plan to move in the next 12 months: Yes No

If you rent, does your landlord allow pets: Yes No Is there a size/weight limit? If so, what is it: _____

How much is the pet deposit (per pet): _____

Can proof of deposit be obtained from your landlord: Yes No

Name of apartment complex or landlord: _____ Phone number: _____

PET INFORMATION

Which pet(s) are you interested in adopting from ARK:

Have you applied with other rescue groups or shelters? If so, please list the group names and the dates you applied:

What was the outcome of your application(s):

Who will be the primary caretaker of the pet: _____

This pet will be kept: Mostly inside Totally inside Mostly outside Totally outside

Where will the pet be kept during the day: _____

Where will the pet be kept at night: _____

How many hours a day will the pet be home alone: _____

Do you have a pet door: Yes No

Why do you want to adopt this pet? (Please check all that apply):

- Gift
- House pet
- Protection
- Other - Please explain _____
- Companion for child
- Companion for other pet
- Working dog / cat (mouser)

Do you have any preference as to breed, age, sex, length of hair, etc.? Please specify:

Under what circumstances would you give up an animal? (Please check all that apply):

- Size (too big)
- Not enough time for pet
- Move to another home
- Too energetic/hyper
- Jumps on people
- Destructive in yard
- Children no longer living at home
- Fence jumper / gets out of yard
- None of the above
- Other - Please explain _____
- Excessive veterinary expenses
- Aggression towards an animal
- Aggression towards a person
- Barking
- Chewing
- Digging or clawing
- Housetraining / litterbox problems

When you move, what arrangements will you make for your pet: _____

Name of your veterinarian or animal clinic: _____

Veterinarian address: _____ Phone number: _____

May we contact your vet for a reference check: Yes No

Will you allow us to visit your home before adopting a pet: Yes No

If no, why not: _____

*****DOG ADOPTERS*****

How will you teach housebreaking: _____

Do you have a fence: Yes No If yes, what is the height of the fence: _____

If yes, what type of fence do you have? (Wood, wrought iron, chain link, etc.): _____

If you don't have a fence, how will you provide for your dog's exercise/bathroom needs:

If you don't have a securely fenced yard, how will you ensure that your dog does not escape:

Do you have a pool: Yes No If yes, does it have a security fence: Yes No

Do you plan to alter your dog's appearance (tail docking, ear cropping): Yes No

Where will your dog stay when you are not at home? Please check all that apply:

- Patio
- Crated in house
- Outside kennel or dog run
- On chain/rope
- Other - Please explain _____
- In house, not crated
- Fenced yard
- Garage

What will you do if the dog soils the floor or chews the furniture:

Are you willing to get obedience training if recommended? If no, why not:

Are you willing to use a crate if recommended? If no, why not:

*****CAT ADOPTERS*****

Do you want your cat to go outside: Yes No Do you plan to declaw your cat: Yes No

*****ALL ADOPTERS - PREVIOUS/CURRENT PET HISTORY*****

Please list all pets now owned or owned in the past 5 years.

Pet 1: Dog Cat Male Female Pets name: _____

Breed: _____ Age: _____ Length of ownership: _____

Was it spayed or neutered? If no, why not:

Do you own the pet now? If no, what happened to it:

Date of last vaccinations: _____ This pet was kept: _____

Is/was your pet on heartworm preventative? If so, what kind:

Pet 2: Dog Cat Male Female Pets name: _____

Breed: _____ Age: _____ Length of ownership: _____

Was it spayed or neutered? If no, why not:

Do you own the pet now? If no, what happened to it:

Date of last vaccinations: _____ This pet was kept: _____

Is/was your pet on heartworm preventative? If so, what kind:

Pet 3: Dog Cat Male Female Pets name: _____

Breed: _____ Age: _____ Length of ownership: _____

Was it spayed or neutered? If no, why not:

Do you own the pet now? If no, what happened to it:

Date of last vaccinations: _____ This pet was kept: _____

Is/was your pet on heartworm preventative? If so, what kind:

Pet 4: Dog Cat Male Female Pets name: _____

Breed: _____ Age: _____ Length of ownership: _____

Was it spayed or neutered? If no, why not:

Do you own the pet now? If no, what happened to it:

Date of last vaccinations: _____ This pet was kept: _____

Is/was your pet on heartworm preventative? If so, what kind:

Pet 5: Dog Cat Male Female Pets name: _____

Breed: _____ Age: _____ Length of ownership: _____

Was it spayed or neutered? If no, why not:

Do you own the pet now? If no, what happened to it:

Date of last vaccinations: _____ This pet was kept: _____

Is/was your pet on heartworm preventative? If so, what kind:

Pet 6: Dog Cat Male Female Pets name: _____

Breed: _____ Age: _____ Length of ownership: _____

Was it spayed or neutered? If no, why not:

Do you own the pet now? If no, what happened to it:

Date of last vaccinations: _____ This pet was kept: _____

Is/was your pet on heartworm preventative? If so, what kind:

Please mail or fax this completed application to the address below. Someone will contact you as soon as possible. Please remember that A.R.K is operated solely by volunteers and it may take us a few days to get back to you.

Animal Rescue Klub
P.O. Box 117091
Carrollton, TX 75011-7091
Tel: 972-562-4357
Fax: 214-853-5093
animal_rescue_klub@yahoo.com