

# Adoption Application

Applicant Name \_\_\_\_\_ Age: Over/Under 21 years

Co-Applicant Name \_\_\_\_\_ Age: Over/Under 21 years

Relationship to Applicant: Spouse Parent/Guardian Roommate Other: \_\_\_\_\_.

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_.

Applicant's Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_.

Co-Applicant's Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_.

Do you own \_\_\_\_\_ or rent \_\_\_\_\_ your home?

Residence type:

Single family \_\_\_\_\_ TownHouse \_\_\_\_\_.

Apartment \_\_\_\_\_ Condo \_\_\_\_\_.

How long at this address? \_\_\_\_\_.

Is your yard fenced? YES \_\_\_\_\_ NO \_\_\_\_\_.

Height/type of fence \_\_\_\_\_.

Do you have a regular vet? YES \_\_\_\_\_ NO \_\_\_\_\_.

May we contact your Veterinarian?

YES \_\_\_\_\_ (initial) NO \_\_\_\_\_ (initial)

Name, address, and phone no. of veterinarian:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Renters: Are pets permitted on your lease?

\_\_\_\_\_

What is the weight limit for pets?

\_\_\_\_\_

What is the number of pets allowed?

\_\_\_\_\_

**\*\*\*Renters must provide a copy of their lease or a notarized statement from the landlord authorizing tenant to keep a dog/cat.**

Name, Address, Phone no. of landlord:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List References (do not include relatives):

<u>Name</u>	<u>Occupation</u>	<u>Years Known</u>	<u>Phone</u>
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List the animals you now own or have owned in the past 5 years:

<u>Type</u>	<u>Breed</u>	<u>Sex</u>	<u>Age</u>	<u>Neutered/spayed?</u>	<u>How long have you owned it?</u>	<u>Where is the animal now?</u>
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1. Is anyone living in your home allergic to dogs/cats? YES \_\_\_\_\_ NO \_\_\_\_\_.

2. How many adults live in your home? \_\_\_\_\_ Children? \_\_\_\_\_.

Ages of the children? \_\_\_\_\_.

3. Who will be the dog's/cat's primary care giver? \_\_\_\_\_.

Does he/she have experience with pets? YES \_\_\_\_\_ NO \_\_\_\_\_.

Is anyone home during this person's absence? YES \_\_\_\_\_ NO \_\_\_\_\_.

4. How long will the dog/cat be without human companionship each day? \_\_\_\_\_.

In the evenings? \_\_\_\_\_.

5. How will the dog be housed while alone? Crated \_\_\_\_\_ Loose in house \_\_\_\_\_.

Room confined \_\_\_\_\_ Yard \_\_\_\_\_.

6. Where will the dog/cat sleep at night? \_\_\_\_\_.

7. Does your job require frequent out of town travel? YES \_\_\_\_\_ NO \_\_\_\_\_.

Who will care for the dog/cat while you are out of town? \_\_\_\_\_.

What will you do if you move? \_\_\_\_\_.

8. Have you ever given away or sold an animal, or released an animal to an animal shelter?

YES \_\_\_\_\_ NO \_\_\_\_\_.

If "YES," what were the circumstances?

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9. Have you considered health risks posed to current pets by a new pet?

YES \_\_\_\_\_ NO \_\_\_\_\_.

10. What plan do you have for training and/or disciplining your pet?

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11. How were your other pets trained and disciplined?

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I will provide annual routine veterinary care including fecal tests, heartworm tests, medications, and annual physical exams. I will have cat/dog spayed/neutered within 30 days of adoption and will provide proof of doing so to Noahs Ark Animal Hospital. I will have my pet professionally groomed when necessary. I will obtain the vaccines recommended by the A.V.M.A. including rabies, distemper, parvovirus, and bordetella. I will keep my cat/dog on preventative for heartworms, internal and external parasites. This preventative must be prescribed by a veterinarian by the age of 3 months and the initial rabies vaccine must be given by 4 months. \_\_\_\_\_(initial)

A. Are you committed to caring for a dog/cat for its lifespan? This could be a 10-20 year commitment.

YES \_\_\_\_\_(init.) NO \_\_\_\_\_(init.)

B. The annual cost of routine veterinary care for a healthy dog or cat averages \$500 - \$900.

Additionally, dogs and cats are subject to many diseases that affect humans such as cancer, diabetes, kidney disease and heart disease. Are you prepared to provide both routine care and the required medical treatment should your pet become ill?

YES \_\_\_\_\_(init.) NO \_\_\_\_\_(init.)

C. I will feed the pet as recommended by my veterinarian with canned and/or dry food and I will provide a continuous supply of fresh water. I will attach an identification tag to my pet's collar, which my pet will wear at all times, and will purchase a dog license within 30 days of adoption.

YES \_\_\_\_\_(init.) NO \_\_\_\_\_(init.)

D. I agree to permit an employee of Noahs Ark Animal Hospital to investigate and/or make inquiries concerning the above conditions and requirements.

YES \_\_\_\_\_(init.) NO \_\_\_\_\_(init.)

E. I agree that failure to comply with the above provisions will result in forfeiture of the adopted animal and reimbursement of legal expenses incurred by Noahs Ark Animal Hospital to enforce this contract plus a value of one hundred dollars for this animal.

YES \_\_\_\_\_(init.) NO \_\_\_\_\_(init.)

F. I will not let my dog roam or keep my dog tied. I will walk my dog on a leash or exercise my dog in a fenced area. I will not allow my dog to rind in the back of an open vehicle.

YES \_\_\_\_\_(init.) NO \_\_\_\_\_(init.)

UPON SIGNING THIS CONTACT I AGREE THAT I WILL NOT SELL/GIVE IT TO A RESEARCH LABORATORY, ANIMAL SHELTER, RELATIVE, OR FRIEND.

*My signature indicates I have answered these questions honestly and to the best of my ability.*

I HEREBY AGREE TO ACCEPT POSSESSION AND OWNERSHIP OF SAID ANIMAL AT MY OWN RISK AND I HEREBY RELEASE NOAHS ARK ANIMAL HOSPITAL FROM ANY AND ALL LIABILITY ARISING OUT OF POSSESSION AND OWNERSHIP OF SAID ANIMAL. IT IS UNDERSTOOD THAT NOAHS ARK ANIMAL HOSPITAL HAS MADE NO REPRESENTATIONS CONCERNING THE HEALTH OR CONDITION OF THE ANIMAL INVOLVED. NOAHS ARK ANIMAL HOSPITAL WILL NOT BE HELD RESPONSIBLE FOR ANY AND ALL VETERINARY EXPENSES INCURRED WHILE THE ANIMAL IS IN MY POSSESSION, NOR FOR ANY DAMAGE CAUSED BY THE ANIMAL WHILE IN MY POSSESSION OR OWNERSHIP.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_