



DOG ADOPTION APPLICATION

Dog Chosen: 1st Choice: _____ 2nd Choice: _____

Adopter's General Information:

First Name _____ Middle Initial _____ Last Name _____ Home Phone _____

Street Address _____ Cell Phone _____

City, State _____ ZIP Code _____ Work Phone _____

E-mail _____ Birth Date (00/00/00) _____

Occupation _____ Employer Name _____

Property Information:

House Duplex Apartment Condo Mobile Home

I own I rent* I live with a parent/ guardian

How long have you lived at this address? _____

*If you rent, name of landlord/condominium manager: _____

*Landlord phone: _____ *Landlord E-mail: _____

Spouse/Roommate/Partner's Name & Date of Birth: _____

Names and ages of children (if applicable): _____

Who is the dog for? Myself My family My children Relative Friend

Dog will be kept: Indoors Outdoors Both indoors and outdoors

Do you have a fenced yard or an indoor/outdoor kennel? Yes No

If no, are you planning to fence your yard, and if so, when? _____

If you found it was needed, would you be willing to fence in a portion of your yard? Yes No

If you had to describe your household, would you say it is (check all that apply):

Quiet Many Visitors Few Visitors Lots of Activity Often gone in evening/weekends

Other (please describe): _____

What activities would your ideal dog participate in? (check all that apply):

Walk / jog / run with yourself / family member Playmate / companion for your children

Go hunting / fishing with you Compete in various trials (agility, flyball, field, etc.)

Other (please describe): _____

Pet Information: Have you ever had a companion animal before? Yes No

Are/were you the primary caretaker? Yes No **If not**, who is/was? _____

Please list current and other pets you have owned in the past ten years: (Continue on another sheet if needed.)

Type of Animal	Pet's Name	M/F	Spayed/Neutered	Age	Still have?	If not- reason why:
_____	_____	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y/ <input type="checkbox"/> N	_____	<input type="checkbox"/> Y/ <input type="checkbox"/> N	_____
_____	_____	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y/ <input type="checkbox"/> N	_____	<input type="checkbox"/> Y/ <input type="checkbox"/> N	_____
_____	_____	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y/ <input type="checkbox"/> N	_____	<input type="checkbox"/> Y/ <input type="checkbox"/> N	_____
_____	_____	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y/ <input type="checkbox"/> N	_____	<input type="checkbox"/> Y/ <input type="checkbox"/> N	_____
_____	_____	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y/ <input type="checkbox"/> N	_____	<input type="checkbox"/> Y/ <input type="checkbox"/> N	_____

Veterinarian Information:

List your current / previous / future veterinarian(s). This is a requirement for new pet adoptions. Please call their office to authorize release of information to OARS. If you are planning to utilize another vet, please note that here.

Veterinarian Name(s): _____ Vet Clinic Name(s): _____

Current Veterinarian Phone: _____ and/or E-mail: _____

References:

Provide two non-related references:

Name / Relationship	Phone(s)	E-mail
_____	_____	_____
_____	_____	_____

As your new dog transitions to your routine, it may take a month (or more) to adjust. Are you prepared for your new dog to have some accidents (chewing, pottying, etc) upon arriving in your home? Yes No

Will you crate train your new dog? Yes No **If no**, would you be willing to crate if necessary? Y N

Will you register your new dog for an obedience/training course? Yes No

If yes, what facility are you considering? _____

If no, how will you train your dog? (be specific):

Barking _____

Chewing _____

Digging _____

Jumping _____

Nipping/ Play biting _____

Potty Training _____

Daily, how much time do you anticipate spending with your dog to provide exercise / playtime? _____

In an average year, how much do you estimate spending to provide:

Vet care for your dog? _____ Flea/tick & Heartworm preventatives: _____

Food, supplies, toys, etc.? _____

Why do you want to adopt this dog? _____

Additional Information:

* If you rent, a copy of your lease and addendum for pets must be provided to Orphan Animal Rescue.

* By signing this adoption application, you agree to provide vaccinations, health check-ups and any additional veterinary care, by a qualified veterinarian, on a yearly basis.

* Your adoption fee is a donation to Orphan Animal Rescue and is nonrefundable.

* By signing this adoption application, if the pet is not already spayed/ neutered, you agree to have this pet sterilized. A deposit is required for nonsterilized animals, which will be returned to you upon receipt of a signed letter from your veterinarian indicating date of spay/neuter surgery.

* When adopting a dog or puppy, you must bring a leash, collar, and ID tag along when picking up your new pet. Please contact the foster home for appropriate size collar to ensure the safety of your new pet.

By signing this form, I/we acknowledge that the information on this form is true and correct. I/we agree to all provisions indicated on this form. I/we understand that any misrepresentation of fact may result in Orphan Animal Rescue Inc. refusing adoption privileges to me/us. If my/our request for adoption is approved and later Orphan Animal Rescue Inc. discovers the above information is not true or correct, this application becomes null and void. Because of my breach of contract, Orphan Animal Rescue Inc. reserves the right to remove the adopted pet from my home, and I will be held responsible for any associated legal costs incurred as part of said reclamation process. In order to ensure the best homes for our rescued pets, we reserve the right to deny any adoption application.

Signature

Date

How did you hear about OARS? Word of mouth Petfinder.com Adoptapet.com OARS Web Site

Other (please describe): _____

Thank you for applying to adopt a pet from Orphan Animal Rescue!

*Please allow **24-72 hours** to process your application. We are 100% volunteer-run and appreciate your patience.*

For Office Use Only:

Approved Not Approved Reason: _____

Signature of Staff Volunteer

Initials of Staff/Volunteer

Date

Adoption Donation: _____

Payment Method: _____ Foster Home: _____