



ANIMAL REFUGE CENTER ADOPTION APPLICATION

PET YOU ARE APPLYING FOR: _____

Applicant Information (please print clearly):

Name: _____ Email: _____

FULL Address: _____

Cell phone: _____ Alternate number: _____

Current Living Arrangements:

<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Duplex <input type="checkbox"/> Other
If Renting, are pets allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If renting, provide Complex or Landlord's Name and Phone Number:	
Name: _____	Phone: _____

Current Pets:

NAME & TYPE (Species)	FIXED (S/N)	DECLAWED	AGE	SHOTS CURRENT & FIV/FelLV or HW TESTED
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Previously owned pets and why you no longer have them:				
Have you adopted from ARC previously? Pet(s)? and When?				

- Adopting a pet means a lifetime of commitment. Cats and Dogs can live 20+ years, are you ready and willing to make this commitment? Yes No
- What is your reason for wanting to adopt a pet? _____
- Will the pet be kept indoors or outdoors? Indoors Outdoors Both
- Is your back yard fully fenced? Yes No What kind of fencing? _____
- Are you a military family? Yes No
- What do you do with pets when you move to a new residence or PCS?
 Place them elsewhere Ship with the family
- Are any household members allergic to pets? Yes No
- Members of your household and their ages: _____
- Your thoughts on declawing cats or shock/choke/prong collars on dogs? _____
- Do you have a problem with us doing follow-up calls, texts or visits? Yes No

References: (Required)

Veterinarian & Name of Account Holder:	Telephone #:
Personal (non-related): Name:	Telephone #:
Personal (non-related): Name:	Telephone #:

I certify that I am 18 years of age or older, and the above information is true and accurate to the best of my knowledge. I am willing and able to provide the time and money necessary to medically treat, train and care for a pet. I have read and understand the ARC Adoption Policies. <http://animalrefugecenter.org/adoption-policies/>

Signature _____

Date _____