

Arlee Rehabilitation Center

Dog Adoption Application



Date _____
 Name _____
 Address _____
 City _____ Zip Code _____
 Phone _____ Secondary _____
 E-mail _____

FOR OFFICE USE ONLY

Staff: _____
 Dog's name _____ No. D- _____
 Approved: yes no pending
 Reason: _____

YOUR FAMILY

Who are you adopting this dog for?
 Myself Other _____

Number of adults in home: _____
 Number of children: 0-5 _____ 6-9 _____ 10-17 _____

Kids visit regularly? yes no
 Allergies in the family? yes no

How busy is your schedule?
 Very Busy Average Not busy

How would you describe the intended pet owner?
 Nervous Loud Calm Quiet
 Strong Personality Shy

Are you planning the following in the next month?
 Moving Vacation New baby birth

Where will your dog stay when you are away?

YOUR PET FAMILY

Species	Age	Sex	Fixed?	Vaccinated?
			<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

ANIMAL APPLYING FOR: _____

Are you open to adopting a *different* ARC animal needing a loving home? YES No

PREFERENCES:

Female Male

No younger than: _____ No older than: _____

No smaller than: _____ No larger than: _____

YOUR HOME

Type of home:
 House Apartment Rural Acreage
 Do you? own rent

Landlord name: _____

Landlord contact: _____

How long have you lived at your current home? _____

Your employer: _____

On average, how many hours will the dog spend alone:

Weekdays _____ Weekends _____

Where will your dog stay during the day? _____

Where will your dog stay during the night? _____

Describe your home:
 Circus Average Monastery
 Public Storefront Hermitage

Do you have?
 Doggie door Fenced yard: Fence height _____

Submitting this application is no guarantee of adoption

YOUR EXPERIENCE

Why do you want a pet? _____

What do you want in a dog? _____

What do you need in a dog? _____

Reasons why you might return an animal

- Chewing digging barking mouthing
 runs away houstraining issues allergies
 bite chasing livestock not good with kids
 moving separation anxiety destructive in home
 not getting along with dogs not getting along with cats
 pulls too much

Have you adopted an animal before? Yes No

Where? _____

Have you had dogs before? Yes No

What happened to them? _____

What are you hoping to do with your dog?

- Jogging Off-leash hiking Agility Training
 TLC Herding Horseback riding Travel
 Hunting Other: _____

Have you ever surrendered an animal? Yes No

Why? _____

**PLEASE PROVIDE ADDITIONAL COMMENTS
BELOW TO HELP US MATCH YOU WITH THE
PERFECT ANIMAL:**

ANIMAL NEEDS

Veterinarian name: _____

Veterinarian contact: _____

Are you willing to adopt a special needs dog?

- Medical needs/rehabilitation
 Emotional needs/rehabilitation

3 NON-FAMILY REFERENCES (REQUIRED)

1. Name: _____

Phone #: _____

2. Name: _____

Phone #: _____

3. Name: _____

Phone #: _____