

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 ☐ housetraining 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 #: _____

SUBMISSION INSTRUCTIONS: This form can be scanned and e-mailed to info@k9arc.org or texted as image to 406-207-9338

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