



www.ninelivesaruba.com

US 781-264-4015

Aruba 2975619187

NINE LIVES ARUBA ADOPTION APPLICATION FORM

CONTACT INFORMATION

Full name:
Occupation:
Address:
How long at this address?
Daytime Phone:
Evening Phone:
Best time to call:
Email address:

FAMILY & HOUSING

How many adults are there in your family (their relationship to you)?
How many children (ages)?
What type of home do you live in single family, town home, apartment, farm, etc.?
Do you have a fenced back yard or a fenced front yard (somewhere safe for your dog to run and play)?
Please describe your household: <input type="checkbox"/> Active <input type="checkbox"/> Noisy <input type="checkbox"/> Quiet <input type="checkbox"/> Average
If you rent, please give the rules governing pets and the landlord's name and number: (By providing this information you are allowing Nine Lives Aruba to contact your landlord. Please inform them of this call so they will speak with us.)
Does anyone in the family have a known allergy to cats/dogs?
Is everyone in agreement with the decision to adopt a cat/dog?
What other pets do you have in your home (specify type and number)?
Are all pets in your home up to date on vaccines?
Are all pets in your home spayed/neutered? If not, why?
Have you ever surrendered a pet? If so, why?



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Have you ever had a pet euthanized? If so, why?
Have you ever lost a pet to an accident?
How do you discipline your pets and why do you use that type of discipline?

VETERINARIAN

Do you have a regular veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Veterinarian's name:
Clinic Name:
Clinic Address:
Clinic Phone: <small>(By Providing Nine Lives Aruba with this information you are allowing us to call your vet. Please call your vet and ask them to authorize the release of information to Nine Lives Aruba Foundation).</small>

ABOUT THE CAT/DOG YOU WISH TO ADOPT

What is your idea of an ideal cat/dog and why?
Desired age:
Desired Size:
Desired colors:
Desired sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Are You Willing to adopt any of the following? <input type="checkbox"/> outgoing/hyper dog <input type="checkbox"/> shy cat/dog <input type="checkbox"/> cat/dog that needs regular medication <input type="checkbox"/> dog that needs training <input type="checkbox"/> cat/ dog that needs grooming <input type="checkbox"/> cat/dog that has special needs <input type="checkbox"/> cat/dog that is older <input type="checkbox"/> None of these
Where will the cat/dog spend the day? <i>(describe)</i>
Where will the cat/dog spend the night? <i>(describe)</i>
Number of hours (average) cat/dog will spend alone?
Who will have primary responsibility for this cat's/dog's daily care?
Who will have financial responsibility for this cat/dog?



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Do you agree to provide regular health care by a licensed veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree to keep the cat/dog as an indoor dog? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree to have your cat/dog spayed/neutered when appropriate (if not already done)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree to keep your cats front claws intact and not have them declawed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree to contact Nine Lives Aruba if you can no longer keep this cat/dog? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to let a representative of Nine Lives Aruba visit your home by appointment (if needed)? <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL REFERENCES

Please list someone who is familiar with both you and your pets.

Name:
Address:
Phone:
Relationship (relative, neighbor, friend, etc.):

Name:
Address:
Phone:
Relationship (relative, neighbor, friend, etc.):

The information I have given is true and complete. This cat/dog will reside in my home as a pet. I will provide it with quality cat/dog food, plenty of fresh water, indoor shelter, exercise, love and affection and an annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

If you are unwilling or unable to no longer care for your adopted pet, we ask that you notify us as soon as possible. We ask that you not hand off your pet to another person or to a shelter or post your pet on Craigslist (or similar) for adoption. The animal will be returned to us. Thank you for supporting Nine Lives Aruba Foundation and adopting one of our rescued paws.

Signature

Date