

## ADOPTION APPLICATION FOR ARF OF MS

**Please print clearly so your answers can be read.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

List the names, ages and relationships of all the people in your home:

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Please describe the lifestyle and activity level of your home:

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Why are you interested in adopting a pet at this time?

Is anyone in the home allergic to animals? \_\_\_\_\_

Tell us about the other pets in your home: \_\_\_\_\_

Tell us about the pets you have had in the past, what happened to them, how long did you have them (please give detail) \_\_\_\_\_

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Who is the veterinarian who cared for your pets in the past? (please give name of vet, clinic and phone number) \_\_\_\_\_

What would you consider unacceptable behavior with your pet ? \_\_\_\_\_

How would you handle unacceptable behavior? \_\_\_\_\_

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What would cause you to return a pet to ARF of MS? \_\_\_\_\_  
\_\_\_\_\_.

Have you applied to adopt from ARF of MS before? \_\_\_\_\_.

Have you adopted from another rescue agency before? \_\_\_\_\_.

What is the best time to contact you about your application? \_\_\_\_\_.

How long have you lived at your current address? \_\_\_\_\_

Do you own or rent? \_\_\_\_\_

If you rent, what is the name and phone number of your landlord?  
\_\_\_\_\_.  
Where will the pet be housed when you are at home? \_\_\_\_\_

Where will the pet be housed when you are not at home? \_\_\_\_\_  
\_\_\_\_\_.

Please list your current veterinarians name and phone number  
\_\_\_\_\_.

Please list (with phone number) two personal references:  
\_\_\_\_\_.  
\_\_\_\_\_.

What is your household income: \_\_\_\_\_.

By submitting this application, I/We that we are the adopters and that I/We are at least 18 years of age. I/We affirm that all information is true and complete and that no one in the household where the pet will reside has ever been convicted of animal cruelty or abuse. I/We agree to give permission for a representative of ARF of MS to call our references, both personal and veterinary that are listed. I/We also understand that a home visit by an ARF of MS representative may be required before we are approved to adopt. I/we will review and sign an Adoption Agreement that will outline my/our roles of responsible pet guardianship, including returning the dog to ARF of MS in the event I/We are no longer able to properly care for the animal

Agreed and accepted: \_\_\_\_\_

Date: \_\_\_\_\_.