



THE ARK ADOPTION APPLICATION

Name _____ Phone _____

Date of Birth _____ Identification _____

Email (please write upper & lower case clearly) _____

Mailing Address _____

Physical address, if different from mailing address _____

If you have lived at the above address for one year or less, please list your former address:

Would you like to be on our mailing list? YES ___ NO ___

Do you own? ___ Rent? ___

Landlord's Name? _____ Phone Number? _____

Do you have children? ___ Their ages? _____ Do you have other pets? _____

If yes, please list name(s) and species _____

Who provides your veterinary care (past or present)? _____

Are you aware that all animals adopted from The Ark are spayed or neutered? _____

If adopting a cat, where will he/she be kept during the day? _____ Night? _____

If adopting a dog, where will he/she be kept during the day? _____ Night? _____

Please tell us why you are adopting a pet by checking all that apply:

companion ___ companion for another pet ___ gift ___ as a mouser ___ watch dog ___ for a child
___ other _____

The pet will be alone (without human companionship) for approximately _____ hours per day.

Have you ever brought an animal to a shelter? ___

If yes, please explain _____

.....
By signing below, I certify that the information I have given is true and I recognize that any mis-representation of facts may result in my losing the privilege of adopting a pet. I understand that The Ark has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. I understand that there may be a 24-hour waiting period to verify the facts in this statement.

Signature _____ Date _____

Date: _____ Ark Agent: _____

Approved ___ Denied ___ Reason for denial _____

Landlord verification _____

Ark Animal Shelter Name/ID#: _____

Adoption fee _____ Rabies vaccine charge _____ Donation _____