

Adoption Application

Applicant Name _____ Age: Must be over 21/provide ID

Co-Applicant Name _____ Age: Must be over 21/provide ID

Relationship to Applicant: Spouse Parent/Guardian Roommate Other: _____.

Street Address _____ Apt # _____

City _____ State _____ Zip _____ Phone (____) _____

Do you own _____ or rent _____ your home?

Residence type:

Single family _____ TownHouse _____.

Apartment _____ Condo _____.

How long at this address? _____.

Renters:

Are pets permitted on your lease? _____ What is the weight limit for pets? _____

What is the number of pets allowed? _____

Name, address, Phone no. of landlord:

******RENTERS MUST PROVIDE A COPY OF THEIR LEASE OR A NOTARIZED STATEMENT FROM LANDLORD AUTHORIZING TENANT TO KEEP A DOG/CAT.**

Please inform your landlord that we will be in contact with them regarding your application. If they will not speak with the staff at Noah's Ark Animal Hospital or won't return our call, the application will be denied.

Do you have a regular vet? YES _____ NO _____.

Noah's Ark Animal Hospital will be contacting your veterinarian to make sure your current/past pets are/were up to date on all vaccinations as well as spayed/neutered. We ask that you call your veterinarian's office to let them know we will be giving them. Please give the staff permission to release information regarding your pet(s).

Name, address, and phone no. of veterinarian:

List References (do not include relatives): Please provide at least 3 names who can comment on your ability to care for this pet.

<u>Name</u>	<u>Occupation</u>	<u>Years Known</u>	<u>Phone</u>
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List the animals you now own or have owned in the past 5 years: All animals in the household must be spayed/neutered please provide proof.

<u>Type</u>	<u>Breed</u>	<u>Sex</u>	<u>Age</u>	<u>Neutered/spayed?</u>	<u>How long have you owned it?</u>	<u>Where is the animal now?</u>
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1. Is anyone living in your home allergic to dogs/cats? YES _____ NO

2. How many adults live in your home? _____ Children? _____.

Ages of the children? _____.

3. Who will be the dog's/cat's primary care giver? _____.

Does he/she have experience with pets? YES _____ NO _____.

Is anyone home during this person's absence? YES _____ NO _____

4. Does anyone in the home smoke or vape indoors? YES _____ NO _____

5. How will the dog be housed while alone? Crated _____ Loose in house
Room confined _____ Yard _____.

6. Who will you be working with to train the pet (dogs)?

NAME _____ PHONE NUMBER _____

7. Have you ever given away or sold an animal, or released an animal to an animal shelter?

YES _____ NO _____.

If "YES," what were the circumstances? Please provide shelter name and phone number

I will provide annual routine veterinary care including fecal tests, heartworm tests, medications, and annual physical exams. I will have cat/dog spayed/neutered within an appropriate time frame determined by my veterinarian of adoption and will provide proof of doing so to Noahs Ark Animal Hospital. I will have my pet professionally groomed when necessary. I will obtain the vaccines recommended by the A.V.M.A. including rabies, distemper, parvovirus, canine influenza and bordetella. I will keep my cat/dog on preventative for heartworms, internal and external parasites. This preventative must be prescribed by a veterinarian by the age of 3 months and the initial rabies vaccine must be given by 4 months. _____(initial)

A. Are you committed to caring for a dog/cat for its lifespan? This could be a 10-20 year commitment.

YES _____(init.) NO _____(init.)

B. The annual cost of routine veterinary care for a healthy dog or cat averages \$500 - \$900.

Additionally, dogs and cats are subject to many diseases that affect humans such as cancer, diabetes, kidney disease and heart disease. Are you prepared to provide both routine care and the required medical treatment should your pet become ill?

YES _____(init.) NO _____(init.)

C. Have you considered pet insurance?

YES _____(init.) NO _____(init.)

D. I agree to permit an employee of Noahs Ark Animal Hospital to investigate and/or make inquiries concerning the above conditions and requirements, before and after adoption.

YES_____ (init.) NO_____ (init.)

E. I agree that failure to comply with the above provisions will result in forfeiture of the adopted animal and reimbursement of legal expenses incurred by Noahs Ark Animal Hospital to enforce this contract plus a value of one hundred dollars for this animal.

YES_____ (init.) NO_____ (init.)

F. I will not let my dog roam or keep my dog tied. I will walk my dog on a leash or exercise my dog in a fenced area. I will not allow my dog to ride in the back of an open vehicle.

YES_____ (init.) NO_____ (init.)

UPON SIGNING THIS CONTRACT I AGREE THAT IF AT ANY TIME IN THE FUTURE I AM UNABLE TO CONTINUE TO PROVIDE CARE OR FIND A SUITABLE HOME THAT MEETS THESE GUIDELINES, I WILL RETURN THE PET TO NOAH'S ARK ANIMAL HOSPITAL.

My signature indicates I have answered these questions honestly and to the best of my ability. I agree to contact Noahs Ark Animal Hospital immediately if any difficulties arise that make me unable or unwilling to keep this pet.

I HEREBY AGREE TO ACCEPT POSSESSION AND OWNERSHIP OF SAID ANIMAL AT MY OWN RISK AND I HEREBY RELEASE NOAHS ARK ANIMAL HOSPITAL FROM ANY AND ALL LIABILITY ARISING OUT OF POSSESSION AND OWNERSHIP OF SAID ANIMAL. IT IS UNDERSTOOD THAT NOAHS ARK ANIMAL HOSPITAL HAS MADE NO REPRESENTATIONS CONCERNING THE HEALTH OR CONDITION OF THE ANIMAL INVOLVED AND WHILE NOAHS ARK ANIMAL HOSPITAL IS WILLING TO ACCEPT THE RETURN OF THE ANIMAL, NOAHS ARK ANIMAL HOSPITAL WILL NOT BE HELD RESPONSIBLE FOR ANY AND ALL VETERINARY EXPENSES INCURRED WHILE THE ANIMAL IS IN MY POSSESSION, NOR FOR ANY DAMAGE CAUSED BY THE ANIMAL WHILE IN MY POSSESSION OR OWNERSHIP.

Signature_____ Date_____ Printed Name_____

Witness_____ Date_____ Printed Name_____