



Animal Resource Foundation, Inc.

P.O. Box 396

51 Piney Narrows Road

Chester, MD 21619

Phone: 410-643-8700 Fax: 410-643-8626

E-mail: info@arfusa.org Website: www.arfusa.org

Dog/Puppy Adoption Application - Adoption Fee \$200.00

Fee Includes:

Spay/Neuter

De-worming & flea control prior to adoption

Physical Examination

Up-to-Date on shots

Age Appropriate – 1-year rabies vaccination

Bordetella

Heartworm Check/Preventative

Micro-chip

Dog /Puppy training literature including DVD

For Official Use Only

Adoption Agent: _____ (see last page for comments)

Veterinarian Comments: _____

Animal Control Comments: _____

Approved or Denied: _____

Final Reviews by: _____ Initials _____ Initials (write any comments on back)

Date: _____

Breed or Description of Dog/Puppy _____

Sex (Circle One) Male or Female: _____ Age: _____ Name: _____

In order to be considered for an adoption you must:

- **Be 21 years old or older**
- **Have knowledge and consent of all adults in your household**
- **Must own home (no renters)**
- **Be able and willing to spend the time and the money necessary to provide training, medical treatment, and proper care for a pet.**
- **Families with children 5 years old or younger must have fenced in area**

Adoptee Information:

Please complete all sections. **Incomplete applications will not be considered.**

Name: _____

Address: _____ County: _____

City, State, Zip: _____

Home phone #: _____ Work: _____ Cell: _____

E-mail: _____

How did you hear about us? _____

Why do you want this animal? Companion Companion for other pet House pet

Watch Dog Guard Dog Hunting Personal Protection Other _____

Living Arrangements: Home Owner Renting With Parents

Which do you live in? House Townhouse Condo Mobile Home Other

How long at current address? _____

What will you do with the dog/puppy if you move? _____

Please tell us about your family:

How many adults in your home? _____

How many children? _____ Ages: _____

Is someone home during the day? _____ Who? _____

How many hours will the animal be alone per day? _____ Explain _____

Have you or your children ever have a bad experience with a dog or puppy? Yes No

If yes, please explain: _____

Is anyone in your home allergic to dogs? Yes No

Do you currently have any other pets at home? Yes No

If yes, please tell us about them:

| Species | Name | Age | Vaccinations Current? | Neutered/Spayed? |
|---------|------|-----|-----------------------|------------------|
|---------|------|-----|-----------------------|------------------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Please list animals you had in the past and what happened to them.

Name and number of your veterinarian for past and present: _____

Phone: _____



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Have you ever housetrained a puppy before? Yes No

If you answered no, do you understand this process takes time and patience and are you willing to work with the dog/puppy? Yes No

Do you have a completely fenced yard? _____ Height: _____

If not, explain: _____ Is there a gate? _____

Where will this pet be kept during the day? _____

Where will this pet be kept at night? _____

Do you understand that the dog/puppy you are interested in adopting may be from an unknown origin and his/her medical history may or not be available? Yes No

Do you understand and agree that ARF is not responsible for any medical treatment and medical bills after his/her adoption? Yes No

Do you understand that there is an adjustment period with all new pets and that proper training is necessary for a successful relationship? Yes No

Do you understand and agree that ARF is released of all liability pertaining to this dog/puppy when you adopt him/her? Yes No

In completing this application, ARF does not guarantee adoption of an animal. I understand and agree that ARF has the right to deny my application.

All of the answers I have provided are true and accurate to the best of my knowledge.

Signature

Date



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To be considered for adoption, an ARF staff member will ask your veterinarian to release information on your past or present pet's medical care.

To give your veterinarian the permission to release this information, you must sign the statement below.

Date: _____

I, _____ give _____ permission to
Name Veterinarian
release medical information on my past or present pets to Animal Resource Foundation.

If you have any questions please do not hesitate to call.

Signature: _____

Phone #: _____

FOR OFFICE USE ONLY:

STAFF COMMENTS;

NAME: _____

DATE: _____

COMMENTS;

NAME: _____

Date: _____

COMMENTS:

NAME: _____

DATE: _____

COMMENTS:

NAME: _____

DATE: _____

COMMENTS:
