

The Ark Animal Sanctuary

Dog and Cat Adoption Application Form

Welcome to The Ark Animal Sanctuary adoption program. We request the following information so that we may assist you in the selection of a new pet. This form is to help us, and you, place the most compatible pet into your home. Please complete this form and either bring into AAS or mail it to:

The Ark Animal Sanctuary
70 Main St.
Houlton, ME 04730

To be considered as an adopter you must:

- Be 18 years of age or older
- Have identification showing your State/Province of residence
- Have permission/acknowledgement from your Landlord (if applicable)
- Be able and willing to spend time and money as necessary to provide the best care to the animal, as possible

Name of Applicant: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

E-mail: _____ Age: _____

How long have you lived at this address? _____

Is this a ___ House, ___ Apartment, ___ Condo, ___ Mobile home park?

Do you rent ___ or own ___?

If you rent, may we contact your landlord to get permission to adopt an animal to you while you live in their home/apartment? ___ Yes ___ No

Landlord's name & phone number: _____

Are you adopting this pet for ___ yourself ___ someone else?

Describe in detail the animal you are looking to adopt: _____

What kind of pets have you had in the past? _____

Which of these do you still have? (include age, sex, breed) _____

Have they been spayed or neutered? ___ Yes ___ No

Are they current of vaccinations? ___ Yes ___ No

(Cats) Have they been tested for Feline Leukemia? ___ Yes ___ No

If yes, results: ___ Positive ___ Negative

(Cats) Are they declawed? ___ Yes ___ No ___ Unknown

What happened to the pets you no longer have? _____

Have you ever turned in an animal to a Shelter that was your own? (if yes, please explain):

Have you ever had a pet euthanized? _____ Yes _____ No (if yes, please explain):

If you have pets currently, how do you think they will adjust to a new animal coming into the home? _____

Why do you want this pet? (X all that apply): _____ personal companion, _____ other pets' companion, _____ house pet, _____ barn cat, _____ mouser, _____ watch dog, _____ guard dog, _____ hunting, _____ personal protection, _____ other(explain) _____

How many adults are in your family? _____
Are they all in agreement to get this animal? _____ Yes _____ No.
How many children? _____ Their ages: _____
Do any members of your household have allergies to cats or dogs? _____
How many hours a day will the pet be left alone with no human companionship? _____

What is your current occupation? _____
Who is your current employer? _____

Will you keep this animal up-to-date on shots? _____ Yes _____ No
Who is your Veterinarian? _____ Phone: _____
City & State: _____

If you move, what will you do with your animal(s)? Take them with you? _____
or other (please explain): _____

Have you applied at The Ark Animal Sanctuary before? _____ Yes _____ No
Were you _____ Approved _____ Denied?
Have you ever surrendered an animal to The Ark Animal Sanctuary? _____ Yes _____ No
How did you find out about us? _____

Are you willing to let a Volunteer or Board member of The Ark Animal Sanctuary come visit where the animal will be living with you? _____ Yes _____ No, thank you.
What provisions will you make if you become unable to care for your pets? _____

How much are you willing to spend on this animal for Vet care, food and grooming?
(example: \$100-500, \$600-\$1000) _____ OR whatever it takes: _____ Yes _____ No

CATS:

Are you aware that cats can live 15-20 years and are you willing to take responsibility for this cat for the rest of its life? _____ Yes _____ No
Under what circumstances would you get a cat Declawed? _____
Where will this cat be kept? _____

DOGS:

Are you aware that dogs can live 10-15 years and are you will to take responsibility for this dog for the rest of its life? ___ Yes ___ No

Do you have a large yard? ___ Yes ___ No. A fenced yard? ___ Yes ___ No

Is someone home during the day to let the dog out to relieve itself? ___ Yes ___ No

Will you or do you plan on ever tying your dog outside for any amount of time? ___ Yes ___ No. If yes, how many hours at a time? _____

Are you able and willing to exercise your dog on a regular basis? ___ Yes ___ No

In what way do you see yourself spending time with your dog? _____

Where will this dog be kept during the day? _____

Where will this dog be kept at night? _____

Please provide us with two personal references:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

By signing below, I give The Ark Animal Sanctuary permission to contact my Landlord (if applicable) and my references. Also, by signing below, I acknowledge that all of this given information above is the truth to the best of my knowledge; and that The Ark Animal Sanctuary reserves the right of approval or denial of my application at its sole discretion.

Applicant: _____ Date: _____

For office use only:

