

ARF Application for Adoption

(Please Print Clearly and Complete Fully)
You may fax the application to (918) 744-4489

Name:	Pet's Name:	Sex: M/F
Address:	Breed/Description:	
City/State: Zip:	Tattoo:	Foster:
Applicant's Email:	Applicant's Home#:	Cell#:

Pet History - Please list your present/past pets, most recent first.

Name:	Current Pet?	Breed	Age	Spayed/Neutered	If not Current Pet: What Happened and When?
_____	<input type="checkbox"/>	_____	_____	Yes No	_____
_____	<input type="checkbox"/>	_____	_____	Yes No	_____
_____	<input type="checkbox"/>	_____	_____	Yes No	_____
_____	<input type="checkbox"/>	_____	_____	Yes No	_____

ALL Veterinarians used for the above listed animals: _____ Phone# _____

Human Name records are under: _____

I would like to adopt this animal for (Please X the appropriate box)

Companion a Gift to Breed a Watch Dog For My Children Other, explain: _____

Environment:

Number of adults in household? Please list ages: __ 1 __ 2 __ 3 Ages: _____

Number of children in household (please list ages): __ 0 __ 1 __ 2 __ 3 __ 4 __ 5 Ages: _____

Who will care for this pet when you are out of town: _____

Do you live in a: ___ House ___ Condo ___ Apartment ___ Mobile Home

Do you own or rent? ___ If you rent, may we contact your landlord? ___ Deposit required? ___

Landlord Name and phone number _____

How long at your address? _____ Do you have a fenced yard? Y/N Type and Height: _____

Do you own a pick-up truck? Y/N If yes, will the pet ride in the back? Y/N

Do you own a swimming pool? Y/N Is it secured? Y/N Will the animal have access to it? Y/N

Average time this pet will be alone: __ 0-2 hours __ 3-4 hours __ 4-6 hours __ 7-8 hours __ More than 8

During the day, I will keep the pet in the: __ Garage __ House __ Yard __ Other _____

When left alone, I will keep my pet: __ crated __ free in house __ staked outside __ in the yard

During the night, the pet will sleep in the: __ Garage __ House __ Yard __ Other _____

Beyond basic food, how much are you willing to spend for vet care and other expenses per year?

___ \$0-\$50.00 ___ \$50-\$150.00 ___ \$150-\$300.00 ___ \$300-\$500.00 ___ whatever it takes

Have you ever surrendered a pet to the shelter (pound)? Y/N, If yes please explain:

REFERENCES: Please list two (2) References (NOT RELATED) who are familiar with you and your relationship with animals.

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Where did you hear about ARF, Inc.? _____

Have you ever adopted from ARF, Inc. before? Y/N When? _____

My signature authorizes the veterinarians listed above to release any information requested by ARF, Inc. deemed necessary to process the application.

Signature: _____ **Date:** _____

Received by: _____ Date: _____ Location: _____

Comments: _____

ARF, Inc. ADOPTION CONTRACT

P.O. Box 471483 • Tulsa, Oklahoma 74147-1483 • Phone (918) 622-5962 • Fax (918) 744-4489

Animal's Name:	Description:	Tattoo#:
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This contract is made between Animal Rescue Foundation, Inc. (hereinafter referred to as "ARF, Inc.") and _____.
 This contract shall not become binding until the above-referenced animal is released from ARF, Inc. to _____.
SIGNING THIS CONTRACT DOES NOT GUARANTEE THE APPLICANT AN ANIMAL!!!!!!

I, _____, here acknowledge receiving the above described animal from ARF, Inc. and agree to the following conditions of this adoption:

1. I will provide this animal with proper food, fresh water and adequate shelter at all times. I will provide a safe, locked, and fenced area for the animal to exercise in. I agree to never chain the animal for containment. I will care for the animal both physically and mentally in a humane manner, giving the animal ample time to adjust to its new home.
2. I will provide veterinary treatment for this animal when needed, including annual Rabies, Distemper/Parvo, Canine or Feline vaccinations including heartworm preventative medication and necessary dental health procedures.
3. If not sterilized, I will have this animal spayed/neutered and tattooed (dogs only) before _____. I will contact ARF, Inc. prior to this surgery date to make the necessary arrangements. I understand that no ARF, Inc. animal is to be used for breeding. Failure to schedule sterilization or remaining animal shots will result in ARF, Inc. permanently removing the animal from my care.
4. I will provide the animal with a collar with the proper identification tag, listing my name and phone number and a city license at all times. I understand I will never leave my animal in a choke or training collar.
5. I will comply with all state and local laws and ordinances relating to the keeping of this animal, including license and leash laws.
6. I will notify ARF, Inc. immediately if this animal becomes lost.
7. I will never give or sell this animal to another person, agency or animal shelter or allow it to be used for experimentation, dog fighting or any other commercial or utilitarian activity. I will notify ARF, Inc. immediately if I find, for any reason that I am unable to keep this animal. ARF, Inc. if at all possible will assume possession and ownership of the animal. This animal may not be given away or sold without the express permission of ARF, Inc.
8. At no time will I allow this animal to ride in the open bed of a truck or be off of a leash in an unsecured area.
9. I will make a NON-REFUNDABLE donation of \$150.00 for Canines unless otherwise noted and \$90.00 for Felines to help offset medical and boarding fees for this animal. I am aware that this small donation will enable ARF, Inc. to continue its rescue efforts. I further understand that this amount does not cover the total expenses spent by ARF, Inc. on the above-referenced animal.
10. I agree to permit ARF, Inc. to investigate the premises where the animal is kept and to reclaim the animal, if in the judgment of ARF, Inc. and its assigned agents and /or representatives it is not being cared for properly, including but not limited to: food, water and veterinary care. The determination of what proper care is will be in the sole discretion of ARF, Inc. and its agents and/or representatives. I further understand if this animal is picked up by any Animal Shelter Control Officers, ARF, Inc. shall have the right to take permanent possession of the animal.
11. I further understand that if ARF, Inc. deems it necessary to remove the animal from my care that I will not receive my NONREFUNDABLE donation back nor will I hold ARF, Inc. liable for any amounts I have spent on the animal.
12. I further understand that if ARF, Inc. removes said animal from my possession and determines later the animal may be returned to my possession, I will be responsible for all veterinary expenses and boarding expenses incurred by ARF, Inc. on behalf of said animal.
13. I further understand that animals are different from human beings and often their actions can be unpredictable.
14. I understand that if adopting a puppy, that ARF, Inc. makes no representation or warranty regarding full adult size of said puppy.
15. I understand that if the animal I am adopting is a Poodle, Chow or other long-haired pet, it may require special grooming. I agree to ensure that the animal's grooming needs are met, including the shaving of the tattooed area.
16. I further understand that ARF, Inc. makes no claims, representations, or warranties, either expressed or implied as to the behavior, temperament, size or future health of the animal.
17. I understand that because ARF Inc. cannot guarantee what heartworm preventative was given to any dog prior to ARF, Inc's possession, I agree not to give my new pet the Proheart 6 shot as the required 6 months of heartworm preventative. I further agree to purchase six (6) months of oral heartworm preventative from an authorized ARF, Inc. veterinarian at the time of the pet's adoption as a condition of the adoption.
18. I hereby accept possession of this animal "as is" and at my own risk. I hereby release and waive any rights against ARF, Inc. or its agents and/or representatives which I may have now or in the future for any damages to person or property caused by said animal. If this animal shall become ill within ten (10) days of adoption, I will immediately contact ARF, Inc. for emergency medical instructions. If the illness is due to a pre-existing, undetected disease, ARF, Inc. agrees to treat or replace the animal (if notified within the first ten days after adoption. I understand that it is my responsibility to closely monitor the animal for the first ten (10) days and report anything unusual (poor appetite, listlessness, etc). to an ARF, Inc. agent and/or representative. I understand that if I choose to call my own veterinarian that I have accepted the responsibility of all expenses and release ARF, Inc. from any liability.

Signature: _____ ARF, Inc. _____

Date: _____ Donation Received: _____