

## 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: \_\_\_\_\_