

AAARF ADOPTION APPLICATION

Pet are you applying for: Name: _____ Breed: _____ Description: _____

Your Name: _____ Age: _____ Today's Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile: _____ Work: _____

Email: _____

How long have you lived at this address? _____ Do you live with parents/relatives? _____

Do you own the home? _____ *** If you rent, please fill out the section at the end of the page.*

Are you adopting for yourself or someone else? _____

How many adults are in the home? _____ What are their ages? _____

How many children are in the home? _____ What are their ages? _____

Does any member of your family have allergies to dogs? _____

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

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

What happened to the pets you no longer have? _____

How many hours will the dog be left alone during the day? _____

Do you have a dog door? _____

Is your yard fenced? _____ If so, what is the fence made of and how high is it? _____

Would you be able and willing to exercise the dog on a regular basis? _____

Have you done research on the behavior and particularities of the age and breed of the dog you wish to adopt?

(circle one) Yes No Some Have owned the breed before

Are you aware that dogs can live 12-18 years and are you willing to take responsibility for this animal for rest of his/her life? _____

Preferred Veterinarian: _____

Any additional comments you wish to make? _____

~ ~ ~ ~ ~ **Renters Section** ~ ~ ~ ~ ~

Landlord/Property Manager Name: _____

Landlord/Property Management street address: _____

Landlord/Property Management City: _____ State: _____ Zip code: _____

Landlord/Property Manager Phone Number: () _____

Does your lease agreement state that you are allowed to have animals? _____

Have you paid any required deposit in order to have a pet? _____

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Please submit application to: AAARF 11940 Masters Ct. Auburn, CA 95603 Attn: Adoptions