

**INSTRUCTIONS FOR COMPLETING THE
Dog ADOPTION APPLICATION
ELECTRONICALLY**

1. Save this file to your hard drive by selecting “file/save as” from the menu bar.
2. Open your saved copy of the Dog Adoption Application using Adobe Reader.
3. Answer the questions on the application. This is a protected form so you will only be able to type in the spaces provided. You may use the tab key on your computer to advance. To check a box, simply click in the box that corresponds to the answer of your choice.
4. Answer all questions to the best of your ability. If you leave a question blank, approval of your application may be delayed.
5. After all the questions are answered, save the completed form to your desktop or somewhere you can easily locate it.
6. Open your email program and prepare an email to send to: Joyce.fish@triad.rr.com
7. PLEASE USE THE FOLLOWING AS YOUR SUBJECT LINE:

AARF Completed Dog Application
8. If you have been corresponding with an AARF volunteer or foster parent regarding this adoption, please include the name of the person you have been talking to in the body of the email.
9. Attach the saved file (the completed application) to your email and send it.
10. You may be contacted by an AARF volunteer before your application can be finalized.
11. You will be notified when your application has been tentatively approved. Final approval always takes place following meeting the dog and the AARF volunteer and/or foster parent “in person”. We reserve the right to approve or deny an applicant at our discretion.

Spay/Neuter Voucher Info:

No: _____
 Vet: _____
 Spay _____ Neuter _____
 Expiration Date: _____
 Cash _____ or Check# _____

Amount: _____



311 Harvey St. Winston-Salem, NC 27103
 Telephone: (336) 768-PETS (7387)

Dog Adoption Application

Adoption Location:

AARF House
 Petsmart
 Other, Specify _____

Adoption Counselor: _____
 Foster Parent: _____
 Vaccination Due Date(s) : _____

Direct Adoption Foster-to-Adopt

FTA valid thru _____
 Pet Returned _____
 Date Adopted _____

Date:

Name:

Address:

City: _____ County: _____ State: _____ Zip: _____

The above address is a: House Condo Apartment Mobile Home

I own or rent. If renting, please provide landlord's or rental agency's name: _____ and phone #: _____

Home Phone: _____ Work Phone: _____ Cell or Mobile Phone: _____

Previous Address if less than 6 mo. at current:

City: _____ State: _____ Zip: _____

Email Address: _____ May we add you to our email list? Yes No

Are you currently: Employed check one: Full-time Part-time Name of Employer (if applicable): _____

Student If Student, Where _____ Retired Other specify _____

For whom are you adopting this pet? _____ Does everyone in your household want a new pet? Yes No Other

How many adults are in your household? _____ Number of children? _____ Ages of children? _____

Who will be responsible for this pet?

I am interested in adopting a:

1. Puppy **Dog**, who is a female male

Animal's name: _____ Age: _____ Description: _____

2. Puppy **Dog**, who is a female male

Animal's name: _____ Age: _____ Description: _____

How long have you been looking for a new companion?

What attracted you to this particular animal?

How much do think it will cost to feed, care for and vaccinate your pet annually?

How do you plan on working with your new pet should he/she have accidents in the house?

Do you have a fenced-in yard? No Yes, type: Chain link Underground Privacy Wooden/picket Other

During the day this pet will be kept: Outside Inside Other

At night this pet will be kept: In Crate Outside Inside Chained-Out Other

How much exercise do you think this pet will need and how will you accommodate those needs?

Complete the following information about the pets you currently have or have had in the past five years: (Use a separate sheet if more space is needed.)

	Pet 1	Pet 2	Pet 3	Pet 4	Pet 5	Pet 6
Name						
Type/Breed						
Sex	M F	M F	M F	M F	M F	M F
Age						
Spayed or Neutered?	yes no	yes no	yes no	yes no	yes no	yes no
Vaccinations Current?	yes no	yes no	yes no	yes no	yes no	yes no
On heartworm Prevention?	yes no	yes no	yes no	yes no	yes no	yes no
Still Have?	yes no	yes no	yes no	yes no	yes no	yes no

How much time will this pet spend alone during a 24 hour period?

Who is your regular veterinarian (please provide practice name if applicable)?

Located in (city, state):

Phone:

Note: The veterinary reference check is a requirement of our application process. If your pets were listed at the vet under a different name than that of the person completing this application (e.g. spouse), please ensure that we have both names. If you have not used veterinary services in the past five years, please provide the name and phone number of two personal (adult) references: (Non-relatives)

Reference 1:

Reference 2:

Have you ever taken a pet to the Animal Shelter or have your pets ever been picked up by Animal Control? Yes No

If yes, explain:

Have you ever been charged or investigated for animal abuse, cruelty or neglect? Yes No If yes, explain:

What is your plan should someone in your household develop allergies to the pet?

How much time are you willing to give your pet to adjust to his/her new home?

When you go away, who will care for your pet?

If you move, change jobs, get married or divorced, have a baby, or experience some other lifestyle change, what will you do with this pet?

What will you do with this pet should you take it home and it not work out?

Would you like spay/neuter information for your other pets? Yes No

Are you familiar with and do you plan to put this pet on heartworm prevention? Yes No Other

Have you ever applied for a pet through AARF before? No Yes If so, when:

I, do hereby acknowledge that I have answered the above questions honestly and accurately. Should an AARF volunteer discover the information provided on this application to be untrue, I agree to surrender the animal back to the care of AARF immediately, as such is the consequence of providing false information.

Applicant's Signature

Date

(If submitting this application electronically, do not put anything in the signature and date spaces. An original signature, dated at the time of signing, will be required prior to finalizing the adoption.)