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. (no change)
2. Open your saved copy of the Dog Adoption Application and print a hard copy
3. Answer all questions (in ink) to the best of your ability. If you leave a question blank, approval of your application may be delayed.
4. 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 as a note on the application.
5. Final approval of an application always takes place following meeting the dog and an AARF volunteer “in-person”. We reserve the right to approve or deny an applicant at our discretion. Decisions regarding placement of dogs is based on the best fit for the dog and not on "first come" basis.
6. Bring or email application to AARF at 311 Harvey Street, Winston-Salem NC 27103. You may also bring it with you to an adoption fair, held Saturdays from noon to 3pm at AARF.

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)

Adoption Location:
☐ AARF House
☐ Pet Supermarket
Other, Specify _____
Adoption Counselor: _____
Foster Parent:
_____
Vaccination Due Date(s):
_____

Dog Adoption Application

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 number:** ____

Home Phone: ____ ____ **Work Phone:** ____ **Cell or Mobile Phone:** ____ **Driver's License State & Number:**

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**☐
☐ **Student**
☐ **Retired**
☐ **Other specify** ____

Name of Employer (if applicable): ____

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 to work housebreak this animal? ☐ **crate train** ☐ **paper train** ☐ **other, specify**

How do 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**

Describe fence (height and size):

This pet will be:
☐ **Outside**
☐ **Inside/outside**
☐ **Inside garage/basement area**
☐ **Inside main living area**
☐ **Other** ____

During the day this pet will be kept:

- ☐ **In crate**
- ☐ **Outside**
- ☐ **Inside**
- ☐ **Chained-out**
- ☐ **Other ____**

At night this pet will be kept:

☐ **In crate** ☐ **Outside** ☐ **Inside** ☐ **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:

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.)