

File # _____



Ivy's Ark Rescue Adoption Application Form

Contact Information

Full name: _____
Occupation: _____
Address: _____
How long at this address: _____
Daytime Phone: _____
Evening Phone: _____
Best time to call: _____
Email address: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.?

Please describe your household: __ Active __ Noisy __ Quiet __ Average

If you rent, please give the rules governing pets and the landlord's name and number:
(by providing this information you are allowing Ivy's Ark to contact your landlord please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to Animals? _____

Is everyone in agreement with the decision to adopt a Animal? _____

Do you have time to provide adequate love and attention? _____

Other Pets

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines? _____

Are these pets spayed/ neutered? If not. Why? _____

Have you every surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so why?

Have you ever lost a pet to an accident?

How do you discipline your pets and why?

Veterinarian

Do you have a regular veterinarian? ___ Yes ___ No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing Ivy's Ark with this information you are allowing Ivy's Ark to call your vet. Please call your vet and ask them to authorize the release of information to Ivy's Ark.)

About the Animal You Wish to Adopt

What is your idea of an ideal Animal and why?

Desired age: _____ Desired Size: _____

Desired breed: _____

Breed you would not adopt: _____

Desired sex: Spayed Female Neutered Male No preference

Willing to adopt: ___ outgoing/hyper Animal ___ shy Animal

___ Animal that needs regular medication ___ Animal that needs training

___ Animal that needs grooming ___ None of these

Where will the Animal spend the day? *(Describe)*

Where will the Animal spend the night? *(Describe)*

Number of hours (average) Animal will spend alone? _____

Who will have primary responsibility for this Animal's daily care? _____

Who will have financial responsibility for this Animal? _____

Do you agree to provide regular health care by a Licensed Veterinarian? ___ Yes ___ No

Do you agree to keep the Animal as an indoor Animal? ___ Yes ___ No

When the Animal goes out, how do you plan to supervise it? Fenced yard?

Do you agree to contact Ivy's Ark if you can no longer keep this Animal? ___ Yes ___ No

Are you be willing to let a representative of Ivy's Ark visit your home by appointment? ___ Yes ___ No

How did you hear about Ivy's Ark? _____

Would you be interested in fostering? ___ Yes ___ No

___ Check if you would like to know more

Personal References

Please list someone who is familiar with both you and your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This Animal will reside in my home as a pet. I will provide it with quality Animal food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

No Liability. Neither Ivy's Ark Pet Rescue, its volunteers, offices or employees is liable to you for any claims, legal action, losses, injuries, damages, costs, expenses, or liabilities whatsoever in connection with your adoption or ownership of the Dog.

Signature

Date