

ANIMAL RESCUE KONSORTIUM -ARK

501(C)(3) NONPROFIT - #26-0856331

1952 HWY 17 P.O. Box 171

CRESCENT CITY, FL 32112

ADOPTION APPLICATION

ARK Pet Name _____ Breed _____ Color _____ Sex _____

Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Driver's License #: _____

Home Type: Suburb (some yard) ___ City (little to no yard) ___ Country home (acreage) ___

Mobile home park ___ Townhouse/condo ___ Apartment ___

Do you: Own? ___ Rent? ___ (If you rent please provide info below)

Landlord Name: _____ Landlord Phone #: _____

Pool? ___ Enclosed? ___ Fenced? ___ Fence Type/Height? _____

How many adults are in the household? _____ How many children (and ages)? _____

How many pets are in the household? _____ List each pet with the following descriptions

Pets Name, Breed, Age, Spayed/neutered, Inside/outside, how long owned, where did you get your pet

If your current animals are not spayed/neutered, why not? _____

Who is your veterinary clinic? _____

Address _____ Phone _____

If none who will you use? _____

Have you ever adopted from a shelter or rescue before? _____ What Type of Animal? _____

Which Rescue/Shelter? _____

Have you ever turned an animal over to a shelter or animal control? _____ If so, why?

ANIMAL RESCUE KONSORTIUM -ARK

501(C)(3) NONPROFIT - #26-0856331

1952 HWY 17 P.O. Box 171

CRESCENT CITY, FL 32112

ADOPTION APPLICATION

Why do you want to adopt this animal? _____

Is this adoption for yourself? _____ Immediate family? _____ Someone else? _____

Is anyone in your household/family allergic to animals? _____ If so, who? _____

Will this pet be kept primarily indoors? _____ Outdoors? _____

If outdoors, what kind of shelter will it have? _____

Will you use a crate to confine the animal? _____ If so when and why? _____

What kind of arrangements have been made for the animal's toilet duties and exercise? _____

What characteristics are you looking for in this pet? _____

Why would you make a great home for this pet? _____

Average life expectancy of a dog is 10-15 yrs. and cats 15-20 yrs. Are you prepared to care for this pet for his/her entire life? _____

Retired? _____ if not, Employer's name _____ work schedule _____

Mandatory- 3 references- No family members

#1-Veterinarian: _____ Phone _____

#2: _____ Phone _____

#3: _____ Phone _____

Thank you for your interest in adopting from us. Your application will be carefully reviewed and questions may be asked before approval. Must have a meet and greet with your pets before final approval. An adoption contract will be gone over at the meet and greet, and must be signed. **Adoption fee is cash or check only.**

Signature: _____ Date _____

Signature: _____ Date _____

Print names: _____ / _____

ARK: References called and approved by _____ Date _____

ANIMAL RESCUE KONSORTIUM -ARK

501(C)(3) NONPROFIT - #26-0856331

1952 HWY 17 P.O. Box 171

CRESCENT CITY, FL 32112

ADOPTION APPLICATION