



Noah's Ark Animal Shelter Adoption Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-Mail: _____ Date of Birth: _____

Who will be responsible for the pet? _____

Number of adults in the home? _____ Number of Children? _____

Are you aware of the financial obligation involved in having a pet? _____ Yes _____ No

Are you aware of the required veterinary care including (but not limited to) annual examinations, vaccinations, and licensing? _____ Yes _____ No

Do you agree to provide routine veterinary care? _____ Yes _____ No

Are you financially able to provide: Adequate food and shelter, annual vaccinations, exams and monthly heartworm, additional vet care for unexpected illness/injury, flea prevention, grooming and obedience training if necessary for the animal you wish to adopt? _____ Yes _____ No

Who is/will be your veterinarian? _____

Do you currently have other pets? _____ Yes _____ No How many Cats _____ Dogs _____ Other _____

Are they spayed/neutered? _____ Are they current of vaccinations? _____

Have you ever had a dog with parvo? _____ If so how long ago? _____

Who will take care of the animal if you leave town? _____

Do you rent your home? _____
If yes please provide your landlord's name and number _____

How will you deal with behavior issues? _____

What will you do with the pet if you move? _____