

Noah's Arks Rescue Adoption Application
4084 Spring Island, Okatie, SC 29909
Phone 843-540-6755 / Fax 844-540-6755

Name of dog you would like to adopt: _____

How did you hear about this dog? _____

Does not apply

Have you ever applied for a dog and been denied.? If so, by whom: _____

APPLICANT'S INFO

Applicant: _____

Age: _____ Occupation: _____ Wk Phone #: _____

Does not apply

Co-Applicant: _____

Age: _____ Occupation: _____ Wk Phone #: _____

Relationship to Applicant: Spouse Parent Child Roommate

Other _____

Other Adults/Children that will be living with the dog:

Does not apply

Name _____ Age _____ Allergies to pets Y N

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Name _____ Age _____ Allergies to pets Y N

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Current Address:

City / State / Zip: _____

How long have you lived at this address? _____

Do you plan on moving? _____ If so, when? _____

Household setting: Urban Suburban Rural

Household type: Apartment Condo Townhouse Duplex House
Modular Home

What is your current living situation: Own Rent

If renting:

Does not apply

Landlord's name and phone number: _____

What do they charge for a pet deposit? _____

ATTENTION RENTERS: A COPY OF YOUR LEASE OR A NOTARIZED STATEMENT FROM YOUR LANDLORD CONFIRMING THE WEIGHT REQUIREMENTS OF A DOG IS PERMITTED, MUST BE ATTACHED OR THE APPLICATION CANNOT BE PROCESSED

Does not apply

Approximate size of your yard: _____

Type of fencing: _____ Height of Fence: _____

If no fence, describe how you will exercise your pet safely:

Does your city or county have a limit of pets per household? Yes No

If so, what is the limit? _____

Local Animal Control Phone #: _____

VET INFO.

Veterinarian's Name: _____ Phone #: _____

Does not apply

Name vet records are listed under if different from above: _____

Phone number vet records are listed under if different from above: _____

Note: You may want to call your vet and OK the release of records. Thank You!

IMPORTANT INFO.

Please list all household pets that have resided in your home in the last 5 years:

Does not apply

Type/Breed _____ Gender M F Age _____

Spayed or neutered Yes No WHERE IS PET NOW (PLEASE EXPLAIN)

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Spayed or neutered Yes No WHERE IS PET NOW (PLEASE EXPLAIN)

Have your dogs ever bitten anyone or shown any signs of aggression toward another dog or person? If so, which dog and please, explain the outcome.

Do you know how to break up a dog fight? Yes No Please, explain.

Have you ever been bit by a dog? Yes No What happened to the dog?

Have you ever had an animal euthanized? Yes No Please, explain

Have you ever surrendered an animal into Animal Control? Yes No Please, explain

Have you made provisions for your animals in case of an emergency? Yes No Please, explain

What brand of dog food will you be feeding the dog? _____

How often and how many cups will the dog be fed daily? _____

Where will pet stay when no one is home? basement garage dogroom free in home
yard

other _____

Where will pet stay at night? basement garage dogroom free in home yard

other _____

Is anyone home during the day? yes no

Please list who and the amount of time: _____

Daily work or at home schedule:

Applicant: _____ Co-Applicant: _____

Estimated daily time you will spend with your dog: _____

Describe the general activity and noise level of the household: _____

What activities will your dog have? Daily Walks Lap Time Dog Park Dog Hikes

other _____

Do you plan on bringing your dog to obedience class? yes no

Name of facility: _____

Under what circumstances would you not keep your pet?

If you or your Spouse should separate or divorce, what will happen to the dog you are wanting to adopt from us?

Are there any specific habits or problems, you will not allow in your house? _____

I have adopted from a rescue group or shelter before: Yes No

(Name & Number) _____

I realize that a rescue dog, may need a long transition period: Yes No

Would you consent to a home visit prior to adopting? Yes No

Is there any other information you would like to add, to assist us in processing your application?

Please list 4 references (Name and Phone number) *CANNOT BE A RELATIVE:

1. _____

2. _____

3. _____

4. _____

Date

APPLICANT'S SIGNATURE

CO-APPLICANT'S SIGNATURE

Filling out this application does not guarantee you can adopt an animal from Noah's Arks Rescue. We have the right to reject an applicant based on the information obtained on the application, through a reference or home visit. Our primary goal is for the welfare, health and happiness of an animal we have rescued and saved from being euthanized. These animals have become part of our Family and we want to make sure they are loved and taken care of for the remainder of their natural life.

THANK YOU FOR CHOOSING TO ADOPT A RESCUED ANIMAL!