

ANIMAL RESCUE MOVEMENT

5744 Maverick Rd.
Middleburg, FL 32068

ADOPTION APPLICATION

Date: _____ Name / No. of Animal(s): _____ Dog Cat
Name of Applicant(s): _____ Age of Applicant(s): _____
Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____
E-mail: _____ DL# _____ State: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Occupation/Company: _____ Supervisor's Name: _____

Do you rent your home? Yes No If renting is there a pet deposit? Yes No How much is it? _____
Landlord/Apartment Complex: _____ Phone: _____
What will you do with your pet if you move? Take with you Return to shelter Find another home Sell
Do have a fenced yard? Yes No How tall is it?: _____ What type of fence? _____
Where will your pet be kept during the day? _____ At Night? _____
Do you have a pet door? Yes No
If you are adopting a puppy or dog, how do you plan to housetrain? Crate/Kennel Newspaper Keep outside
 Confined living space Other _____
If adopting a cat or kitten where will you keep a litter box?

If adopting a cat or kitten do you plan to have it declawed? Yes No
How many adults live in the household? _____ No. of Children? _____ Age of each child? _____
What is your living arrangement? Family Spouse Fiancé Significant Roommate Live alone
Is everyone in your household ready and prepared for a new pat and all of its responsibility? Yes No Not Sure
Is anyone in your household allergic to dogs, cats or both? Yes No Not Sure
Briefly explain below what type of pet you are looking for, and why you would like to add a new addition to your home:

Are you financially able to care for a new pet? Including food, grooming, crate/kennel, obedience training/counseling, flea control, and heartworm preventative, routine medical care such as vaccinations and unexpected illnesses or accidents? Yes No
Do you understand that shelter animals have special needs and that it may take several weeks or possibly longer for them to adjust to a new home? Yes No Will you consider your pet to be a lifetime member of your home? Yes No
Are you willing to contact us if you have problems with behavior or other issues that need to be addressed? Yes No

One of our most important questions in determining a suitable home for any of our adoptable pets is veterinary care. We must verify that you take your current or past animals to regular visits. Please provide us with the veterinary clinic or hospital you plan to use for your new pet(s).

Name of Clinic: _____ Telephone Number: _____
Address: _____ City: _____ State: _____ Zip: _____

(Please complete reverse side)

Pet Information: How many pets do you currently have? _____

1st Pets Name: _____ Type: _____ Breed: _____ Age: _____
__ Male __ Female Spayed/Neutered: __ Yes __ No Is pet current on vaccines? __ Yes __ No
Heartworm Prevention?: __ Yes __ No __ Does not apply What brand is used? _____
Veterinarian that cares for this pet: _____ Telephone: _____

2nd Pets Name: _____ Type: _____ Breed: _____ Age: _____
__ Male __ Female Spayed/Neutered: __ Yes __ No Is pet current on vaccines? __ Yes __ No
Heartworm Prevention?: __ Yes __ No __ Does not apply What brand is used? _____
Veterinarian that cares for this pet: _____ Telephone: _____

3rd Pets Name: _____ Type: _____ Breed: _____ Age: _____
__ Male __ Female Spayed/Neutered: __ Yes __ No Is pet current on vaccines? __ Yes __ No
Heartworm Prevention?: __ Yes __ No __ Does not apply What brand is used? _____
Veterinarian that cares for this pet: _____ Telephone: _____

All pets adopted from A.R.M. will be the new owner's responsibility. It is required per adoption agreement that each pet must be seen by your veterinarian of choice within 5 business days. Any medical issues found not previously mentioned must be written by a qualified Veterinarian. New owner must give sick or injured pet back to the care of A.R.M. within 24hrs of said condition, this is within the 5-day period of new ownership.

Any reimbursement for treatment of any pet or loss of pet can never exceed the adoption fee.

New owners should be aware that A.R.M. will take back any pet within 30 days with a full adoption fee return. This is in the event the pet does not work well with your family. A.R.M. will ALWAYS take back any pets for the remainder of said pefs life. However adoption fee is forfeited after said 30 days. We thank you for your understanding, as we are a non for profit organization.

Read and Sign you are in compliance with this agreement:

I swear an oath that the information given on this application is complete and accurate to the best of my knowledge. My signature on this contract attests to my sworn oath.

Signature: _____ Date: _____

Signature spouse: _____ Date: _____

Witness by an A.R.M. officer: _____ Date: _____

FOR ANIMAL RESCUE MOVEMENT USE ONLY

Veterinarian: _____

Dates verified: _____

Current pets checked: _____ Compatible with new pet(s): _____

Property Checked: _____

Added notes or concerns: _____

Application reviewed by: Shelter Manager: _____ Date _____

Adoption Coordinator: _____ Date _____

Approved: _____ Declined: _____ Adoption Date: _____ Adoption Fee: _____