

Adoption Application For: _____ Dog () Cat ()

The A.R.K. Humane Society LTD
477 State Route 26, Lacon, IL 61540-8913
Phone: (309) 246-4275 Fax: (309) 696-8377
Email: arkanimalshelter@yahoo.com

NAME: _____ Driver's License #: _____

ADDRESS: _____ Email: _____

City: _____ County: _____ State: _____ Zip code: _____

Phone# _____ Cell # _____ Work # _____

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Have you adopted from The A.R.K. before? **Y or N** If yes, when? _____ mmy Dog () Cat () Both ()

Have you ever relinquished a pet to a shelter? **Y or N** If yes, why? _____

#of adults living in household: _____ #of children under 18 living in household: _____ Ages of children: _____

Do you own or rent your home? _____ How long? _____

Is the yard fenced: **Y or N** If yes, Type of fence: _____ Height: _____

If renting, provide your landlord's full name and phone #:

Name of Landlord: _____ Contact Phone #: _____

Number of pets you **currently** have: Dogs _____ Cats _____ Other _____ List others _____

How many pets have you had in the past 5 years including the above listed? _____

Were/are their shots kept current? **Y or N**

Veterinarian Name: _____ City/St _____ Phone # _____

Approx. how long using this Vet? _____ Other shots providers? _____

List pet names and breed on Vet records: _____

IF no VET information provided, please list at least two personal references who are not family members:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Do you realize all pet shots must be kept current: **Y or N** Are your current pets spayed or neutered? **Y or N**

For current Cats, any declawed? **Y or N** Are you planning to declaw a cat adopted from The A.R.K.? **Y or N**

Will this pet live inside (____) or outside (____)? How many hours a day will this pet be left alone? ____ hrs.

Do you realize you cannot sell or give away a pet adopted from the The A.R.K.? **Y or N**

IF you can no longer care for this pet, it must be returned to The A.R.K Animal Shelter, 477 State Rte. 26, Lacon, IL 61540.

Certification:

I understand that animal behavior can be unpredictable and can result in bodily injuries. I have been or will be informed that _____ whom I have applied to adopt may have some issues (but not limited to) with the following _____ behaviors and I am fully aware of ways to keep everyone safe.

In signing below, I assume risk of harm or injury which may occur as a result of my pet adoption. I do hereby release The A.R.K. Humane Society LTD and all Board of Directors, Personal Representatives, Agents, Servants, Successors, Heirs, Executors, Administrators and Personal Representatives and Volunteers from all action, any and all manner of claims, demands, causes of action or suits, including, but not limited to, claims and suits for bodily injuries that my adopted pet may or may not cause.

I do not object to verification of the information provided on this adoption application and certify that the information is true and any misrepresentation may result in losing adopting privileges from the A.R.K. Humane Society LTD now and in the future.

SIGNATURE: _____ **DATE:** _____

*** You may fax, email or hand carry this completed application back to us. Fax: (309) 696-8377.
Email: arkanimalshelter@yahoo.com**

For office use only:

Interviewed by: _____ **Location:** _____

Landlord results: _____ **Veterinarian Results:** _____

Approved: Yes or No **Approved by:** _____

Notes/Comments: _____