



**Animal Resource Foundation, Inc**

**P.O. Box 396**

**61 Piney Narrows Road**

**Chester, MD 21619**

**Phone: 410-643-8700 Fax: 410-643-8626**

**E-mail: [info@arfusa.org](mailto:info@arfusa.org) Website: [www.arfusa.org](http://www.arfusa.org)**

[updated 11-2009]

**Dog/Puppy Adoption Fee - \$200.00**

**Fee Includes:**

Spay/Neuter

De-worming & flea control prior to adoption

Physical Examination

Up-to-Date on shots

**Canine Influenza vaccination**

Age Appropriate – 1-year rabies vaccination

Bordetella

Heartworm Check/Preventative

Micro-chip

Dog /Puppy training literature including DVD

**For Official Use Only**

Adoption Agent: \_\_\_\_\_(see last page for comments)

Veterinarian Comments: \_\_\_\_\_

Animal Control Comments: \_\_\_\_\_

Approved or Denied: \_\_\_\_\_

Date: \_\_\_\_\_

Breed or Description of Dog/Puppy \_\_\_\_\_

Sex (Circle One) Male or Female: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

In order to be considered for an adoption you must:

- **Be 21 years old or older**
- **Have knowledge and consent of all adults in your household**
- **Must own home (no renters)**
- **Be able and willing to spend the time and the money necessary to provide training, medical treatment, and proper care for a pet.**
- **Families with children 5 years old or younger must have fenced in area**

**Adoptee Information:**

Please complete all sections. **Incomplete applications will not be considered.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Why do you want this animal?  Companion  Companion for other pet  House pet

Watch Dog  Guard Dog  Hunting  Personal Protection  Other \_\_\_\_\_

Living Arrangements:  Home Owner  Renting  With Parents

Which do you live in?  House  Townhouse  Condo  Mobile Home  Other

How long at current address? \_\_\_\_\_

What will you do with the dog/puppy if you move? \_\_\_\_\_

Please tell us about your family:

How many adults in your home? \_\_\_\_\_

How many children? \_\_\_\_\_ Ages: \_\_\_\_\_

Is someone home during the day? \_\_\_\_\_ Who? \_\_\_\_\_

How many hours will the animal be alone per day? \_\_\_\_\_ Explain \_\_\_\_\_

Have you or your children ever have a bad experience with a dog or puppy?  Yes  No

If yes, please explain: \_\_\_\_\_

Is anyone in your home allergic to dogs?  Yes  No

Do you currently have any other pets at home?  Yes  No

If yes, please tell us about them:

Species	Name	Age	Vaccinations Current?	Neutered/Spayed?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you have answered no, please list animals you had in the past and what happened to them.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and number of your veterinarian for past and present: \_\_\_\_\_

Phone: \_\_\_\_\_



## Animal Resource Foundation, Inc.

Have you ever housetrained a puppy before?  Yes  No

If you answered no, do you understand this process takes time and patience and are you willing to work with the dog/puppy?  Yes  No

Do you have a completely fenced yard? \_\_\_\_\_ Height: \_\_\_\_\_

If not, explain: \_\_\_\_\_ Is there a gate? \_\_\_\_\_

Where will this pet be kept during the day? \_\_\_\_\_

Where will this pet be kept at night? \_\_\_\_\_

Do you understand that the dog/puppy you are interested in adopting may be from an unknown origin and his/her medical history may or not be available?  Yes  No

Do you understand and agree that ARF is not responsible for any medical treatment and medical bills after his/her adoption?  Yes  No

Do you understand that there is an adjustment period with all new pets and that proper training is necessary for a successful relationship?  Yes  No

Do you understand and agree that ARF is released of all liability pertaining to this dog/puppy when you adopt him/her?  Yes  No

**In completing this application, ARF does not guarantee adoption of an animal. I understand and agree that ARF has the right to deny my application.**

All of the answers I have provided are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**To be considered for adoption, an ARF staff member will ask your veterinarian to release information on your past or present pet's medical care.**

**To give your veterinarian the permission to release this information, you must sign the statement below.**

Date: \_\_\_\_\_

I, \_\_\_\_\_ give \_\_\_\_\_ permission to  
Name Veterinarian  
release medical information on my past or present pets to Animal Resource Foundation.

If you have any questions please do not hesitate to call.

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

STAFF COMMENTS;

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS;

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NAME: \_\_\_\_\_

Date: \_\_\_\_\_

COMMENTS:

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NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS:

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NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS:

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