



Dog Adoption Application

Please complete this application and return to:
Kathy Hammersly, Foster/Adoption Coordinator

The Ark of San Juan

Post Office Box 117

San Juan Capistrano, CA 92693

Telephone: (949) 388-0034

Minimum Donation Required for Adoption: \$150 for dogs 4 months and older
Minimum Donation Required for Adoption: \$200 for puppies less than 4 months of age

Date: _____ Name of Dog: _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail address: _____

How many are in your household? _____ If there are children, what are their ages? _____

Do you live in a: _____ House _____ Condo _____ Apartment _____ Mobile Home _____ Other

Do you: _____ own _____ rent

If you rent, do you have your landlord's permission to have a pet? _____

If you rent, may we contact your landlord? ___ Yes ___ No Name and Phone Number of your landlord: _____

If a volunteer from Ark requested a home visit prior to adoption, would that be acceptable to you? If not, please explain: _____

Do you have a fenced yard? _____ Yes _____ No How high is the fence, if you have one? _____

What type of fencing is it? _____

Will this be an indoor animal, outdoor animal, or both? _____

When the dog is outdoors, is there sufficient shade in the yard for his or her comfort? _____

The Ark of San Juan, Companion Animal Rescue
Post Office Box 117, San Juan Capistrano, CA 92693
(949) 388-0034
E-mail: arkofsanjuan@cox.net

What outdoor shelter will be provided for cold and/or wet weather? _____

Do you currently have any other pets? _____ Yes _____ No If so, how many, what species, breed , sex and age? _____

Are you aware of how to introduce a new dog to other pets in your household? _____

Have you previously had dogs as pets? _____ If so, what is their current disposition or history?

Are you or any of your family members in the household allergic to any animals? _____

How many hours a day will the dog typically be left alone? _____

Where will the dog be kept while he or she is alone? _____

When you travel, who will be responsible for the dog's care in your absence? _____

Where will the dog sleep at night? _____

Do you plan to license this dog? _____ Will he or she wear an identification collar? _____

Are you prepared to provide necessary veterinary care for this dog? _____

Do you currently have a veterinarian? _____ Who will be the veterinarian for the dog you wish to adopt? _____

What type of food do you intend to feed this dog? _____

How often will you exercise this dog? _____

What type of exercise will you provide? _____

Are you aware that dogs must be leashed when in public? _____

Do you intend to keep this dog on a leash whenever he or she is beyond the confines of your property, unless you are at a dog park where off-leash dogs are acceptable? _____

What type of control (collar, harness, leash) will you provide? _____

Are you prepared to provide appropriate obedience and behavioral training for this dog? _____

If you should move, what would happen to the dog? _____

If you should predecease this dog, what provisions do you have for its care? _____

Are you aware that if the dog does not work out in your home, you may relinquish the dog back to The Ark and that if the dog is returned later than 2 weeks from the adoption date your adoption fees will be considered a donation to The Ark of San Juan? _____

Why do you want a dog? _____

Why did you choose this particular dog? _____

By signing below, I state that I have read and completed this form, and fully understand the responsibility of adopting this dog.

Signature

Date