



DOG ADOPTION / FOSTER APPLICATION

Must be 21 or over to apply to adopt or foster. Please fill out the following dog application completely. Applications with missing information will not be processed. Please email adopt@animalrescueneworleans.org for any questions.

Are you applying to adopt or foster? Adopt Foster

Have you adopted from ARNO before? Yes No

If yes, what was their ARNO name or ID# and what happened to them?

Full Name _____ Age _____

Co-Applicant's Full Name _____ Age _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____ Mobile Ph: _____

Home Ph: _____ Work Ph: _____

Employer's Name _____ Employer's Ph: _____

Address _____

City _____ State _____ Zip _____

ABOUT THE DOG

A complete answer to ALL questions will enable us to become more familiar with your request and requirements and will help us find the right dog to match your needs and expectations.

Age Desired? Any Puppy Adult Senior (8+ years)

Sex? Any Male Female

Desired Activity Level? Any High Medium Calm

Is there a specific dog/puppy from our website/shelter in which you are interested? Yes No

If so, which one is it? (if there is more than one with the same name, please specify color, gender, or anything that would allow us to distinguish it from the other one) _____

Why are you interested in this particular dog/puppy? Please specify.

Would you consider a dog/puppy with special needs, such as one who requires medication for a permanent, but controlled, condition? _____ Yes _____ No

Do you want to adopt a dog/puppy as a gift for someone? _____ Yes _____ No

If yes, is it a surprise gift? _____ Yes _____ No

Please list every pet you have owned in the past 10 years. *Please fill out completely.*

Species	Name	Sex	Age	Spayed/Neutered?	What happened to pet?

Please explain what you know about heartworms and prevention.

Is/Was your dog current on heartworm prevention? _____ Yes _____ No _____ N/A (never owned a dog before)

VETERINARIAN INFORMATION

Please provide the full name, address, and phone number of your current veterinarian (or family/parents' vet if you only had family pets): PLEASE ASK YOUR VET TO RELEASE YOUR VET INFORMATION TO US!

Veterinarian's Name: _____

Clinic Name: _____

Veterinarian Clinic Ph: _____

Address _____

City _____ State _____ Zip _____

(Human) Name and Pet Name(s) vet records are under:

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Please list other veterinarians you have used in the past 10 years. Please include the following: Veterinarian's Name and Clinic Name, Clinic Phone Number, Address, Human Name and Pet Name(s) vet records were under.

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Where do you purchase heartworm preventative from?

HOME & LIFESTYLE

How long have you lived at your current address? _____

Do you own or rent? _____ Own _____ Rent

Renters: Please provide Landlord's name and phone number (if you are a homeowner, write N/A):

Name: _____ Ph: _____

Renters: Do you have the permission of your landlord to have a dog/puppy? _____ Yes _____ No

Renters: Are you aware of any size/breed restrictions that your landlord has? _____ Yes _____ No

Please provide the ages of everyone living in your household:

Do you have family/friends that visit frequently? _____ Yes _____ No

Does everyone in your household share your interest in adopting a dog/puppy? _____ Yes _____ No

Who is the dog/puppy primarily for? (Adult, Child, Senior, Disabled) _____

Who will be the primary caregiver for the dog/puppy? (who will exercise, care for, groom, play with)

Does anyone in your household have allergies? _____ Yes _____ No _____ Unsure

If Yes, to which allergens? _____

May we visit your home prior to and/or post application approval? _____ Yes _____ No

If yes, when is the best time? (day, night, weekends, any, etc.) _____

CARING FOR A DOG

Have you ever owned a dog before? _____ Yes _____ No

How much do you think it costs, annually, to properly take care of a dog? _____

Where will the dog live and play? (Inside Home, Outside, Both Inside and Outside) Please explain.

Do you have a dog door? Yes No If yes, where does it lead? _____

Where will the dog stay when you are at work? Running errands? (Inside, Outside, Crate, etc.)

How long daily will the dog be left alone (without humans)? _____

Will the dog be allowed in the house? Yes No

Are you familiar with the use of a dog crate to train your pet during your absence/at night? _____

Is your yard fenced? Yes No

Type of fence? (Include height, width, length and material made of) _____

If you do not have a fence, do you plan to install one? Yes No

Approximate size of pet's yard area? _____

Will the dog be walked daily? Yes No Exercised in a fenced yard? Yes No

Will the dog be allowed to run free without supervision? Yes No

Will your dog receive formal obedience training? Yes No

Are you aware that dogs are active? Yes No

Have you ever sold, given away or surrendered an animal to a shelter for any reason?

Yes No

If you answered yes, please specify why:

Please tell us why you want a dog/puppy:

Please tell us a little about your lifestyle, your family, including any special activities in which your dog would be included. *(If you have any special requirements or requests for a dog, please let us know so that we can more carefully match a dog to your lifestyle.)*

If you experience a change in life (get married/divorced, have a baby, etc.), what do you plan to do with your dog? Please explain.

If you move, what will you do with your dog? What if you move to an apartment/condo/house where the landlord does not allow pets?

What is your plan for your dog if you have to evacuate for a hurricane or any other reason?

Do you understand the state/local ordinances concerning licensing and/or leashing? ___Yes ___No

Have you, or any member of your family/household, been cited for leash law violations or cruelty to animals in the past? _____Yes _____No

If you answered yes, please specify why:

Please tell us how you became aware of Animal Rescue New Orleans (ARNO) and our programs.

May we give your name and address to pet food companies for receipt of specials/coupon offers, etc. These are companies that are helping ARNO feed our rescued animals. _____Yes _____No

SIGNATURE

I/We attest that the information supplied in this application is true to the best of our ability, and this application is a necessary part of the adoption process, and the information provided will be kept confidential but is also enforceable under an Adoption Contract. I/We also understand that the submission of this application does not guarantee adoption of a pet from ARNO. I/We also give permission to have any and all information contained on this application verified by ARNO, including but not limited to veterinary and personal reference checks.

Applicant's Signature _____

Date _____

Co-applicant's Signature _____

Date _____

