



# Adoption Application

Your Name:

Name of Animal you are Interested In:

Phone Number:

Email:

Home Address (Please include City, State and Zip Code)

How long at current address?

<6 months  6 months to 2 years  2 to 5 years  5 to 8 years  more than 8 years

Do you own or rent?  own  rent

If renting, please provide name and phone number of landlord. Please type NA if you are not renting:

Are you over 25 years old?  yes  no

How many members of your household?

1  2  3  4  5  more than 5

How many children do you have living in your home and how old are they? Please type NA if this is not applicable to you.

Do the adults in your household work outside of the home? What are the work schedules?

How many hours a day will your new pet spend WITHOUT human companionship?

<2    2 to 4    4 to 6    more than 6

Do you currently have pets? Have you had pets in the past? If yes, how many and what kind? How old are they and what are their names? Please provide as much detail as possible.

Do you have a fully fenced in yard? If no, when outside, will your pet be on a leash and supervised?

Where will this new pet spend most of their time? Our adoptions are for inside pets only.

Do you plan to crate train your pet? If so, for how many hours a day and how often will they be let out to potty?

What activities do you plan to do with your pet?

Where will your pet sleep at night?

Have you ever had to give up a pet or find another home for a pet in the past? If yes, please explain.

Please provide the name, address & phone number of your veterinarian. You may have to notify your veterinarian prior to the adoption.

Please provide the name, email address & phone number of a personal reference not related to you.

How did you hear about ARF-Aruba?

Pets usually require a minimum cost of \$500.00 USD per year for veterinary care, food and other expenses. Are you willing and able to accept these costs?

yes no

**The information I have provided is correct and current (check if you agree):**

**Applicant Name:** \_\_\_\_\_

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

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

**After you have completed the application please print, sign, and return the form to [info@arf-aruba.com](mailto:info@arf-aruba.com). Thank you!**

**Or sign electronically, save the document, and upload as an attachment in your email to [info@arf-aruba.com](mailto:info@arf-aruba.com). Thank you!**