

Adoption Application

Today's Date: _____

Animal Name & Contract Number: _____

ADOPTER'S INFORMATION

Name: _____ Date of Birth (dd/mm/yyyy) _____

Alternate/Secondary contact person and number: _____

Address: _____ City, State, Zip: _____

Township: _____ County: _____ Are you a military veteran? Yes No

Home Phone: _____ Cell Phone _____ Preferred: Home Cell

Email Address: _____

What type of residence do you reside in? House Apartment/Condo Mobile Home Student Housing

Do you own your home? Yes No *IF YES, is your name on the home's deed? Yes No Do You Rent? Yes No

***IF YOU RENT, what is your Landlord's NAME AND PHONE NUMBER?** _____

Number of people in your household: Under 5 years _____ 6-12 years _____ 13-18 years _____ Adults _____

Has anyone in your home been told they are allergic to animals? Yes No

CURRENT PETS IN HOUSEHOLD

Name	Type/Breed of Animal	Age & Sex	Spayed/Neutered	Current Rabies	Length of Time Owned
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

PET OWNERSHIP QUESTIONNAIRE

PAST or PRESENT Veterinarian reference: _____ Phone: _____

If Interested in Adopting a Dog, Please Answer the Following Questions: (Cat Adopters, continue to the back of this page)

How long will the dog be left alone during the day? 1-4 hours 5-9 hours 10+ hours

What is the activity level of your household? Low Moderate High

Are you prepared to crate your new dog? Y N Are you familiar with housetraining? Y N

TELL US ABOUT YOUR Cat/Dog MATCH REQUIREMENTS

Please describe some of the traits you are looking for in your new companion animal (high energy, lap cat, etc):

What breed/breeds are your preference: _____

Do you have experience with these breeds? Y N Do you have a preference on sex ? M F Either

What age range is your perfect match? Puppy/Kitten Young Adult Senior (8+)

Do you have experience with behavioral issues/special needs? Y N If yes, please explain: _____

If you have a pet at home, tell us about him/her (ie: playful, dominant/submissive, likes smaller/bigger animals, only likes males/females, etc.)

The information received by the Animal Rescue League of Berks County, Inc. as a result of signing this Release may be used in conjunction with your application to evaluate your suitability for adoption an animal. The Animal Rescue League of Berks County, Inc. in its sole discretion may approve or deny your adoption application for any animal for any reason whatsoever.

I hereby authorize the release to the Animal Rescue League of Berks County, Inc. of information held by parties regarding previous employment and/or information containing any of my current or former pets and hereby release the Animal Rescue League of Berks County, Inc. and/or any persons, veterinarians, schools, companies, government agencies, courts and law enforcement authorities from any claims, and/or cause of action whatsoever in law or in equity which I may have as a result of releasing this information to the Animal Rescue League of Berks County, Inc. and/or the Animal Rescue League of Berks County, Inc. use thereof.

I hereby acknowledge that the Animal Rescue League of Berks County, Inc. cannot vouch for or assure the accuracy of information provided by third parties. Accordingly, I release the Animal Rescue League of Berks County, Inc. and its agents from any and all liability arising out of any errors or omission regarding this information. Any information obtained by the Animal Rescue League of Berks County, Inc. independently or through another agency shall remain confidential and no further disclosure to other parties shall result. The information obtained as a result of the investigation shall be used exclusively for the purpose of the determining my suitability for adopting an animal from the Animal Rescue League of Berks County, Inc.

Any misrepresentation, falsification or misleading statements or omissions of fact by me shall result in my being disqualified from further consideration of adoption.

I grant Animal Rescue League of Berks County, Inc., its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Animal Rescue League of Berks County, Inc., its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Animal Rescue League of Berks County, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, web content, and social media.

This permission and release are given by me this _____ day of _____ 20_____

Printed Name of Applicant: _____ Signature of Applicant: _____

Office Use Only

Owner/LL Permission	NPL Check	Rabies Certified	Meet & Greet Result	Comments Attached

Approved Not Approved by ARL Staff: _____ Date: _____

Notes: _____

