



**ANIMAL WELFARE LEAGUE OF ARLINGTON
SMALL COMPANION ANIMAL APPLICATION**

The League may deny any adoption application it deems not in the best interest of the animal.

Date Application Filed ____/____/____

Time _____

Animals you are applying on:

ID #	Name	Species/Breed	Sex	Spay/Neuter	Age	Date Available
A-			M/F	S/N/Not		
A-			M/F	S/N/Not		

How did you learn about this animal? (Check one) TV____, Print article (magazine or newspaper)____, Online news story or blog____, Facebook____, You Tube____, Twitter____, Arlington Pets Ap____, AWLA website____, Petfinder/Petango____, Other_____

Applicant _____ Co-applicant _____

Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Email _____

If you prefer NOT to receive e-mail communications from the League, please check this box.

Are you employed: Full-time Part-time Retired Not Employed Student Other: _____

Type of Housing: House Condo Apartment Townhouse Mobile Home Duplex

Length of time at this address? _____ Own Rent Live w/parents Live w/roommates

If renting, Landlord's name and phone #: _____

How many adults live in your home? _____ How many children? _____ Ages of children? _____

Is any member of your household allergic to pets or hay? Yes No Allergy: _____

Who will be responsible for the care of this pet? _____

Have you ever applied for or adopted an animal from this shelter before? Yes No

If Yes, When? _____ What was the outcome? _____

What is your home atmosphere like? (circle one) QUIET SOME ACTIVITY BUSY CHAOTIC

Why do you want this particular animal? _____

Are you ready to take responsibility for this pet for the rest of his or her life? _____

Do you have a cage for this animal? Yes No If so, what size/type? _____

Where will you exercise this pet outside of the cage? _____

Where do you plan to keep this pet's cage/enclosure? _____

How will the animal be exercised and socialized? _____

What will you provide in the cage for exercise, and play? _____

How many hours a day will the animal have outside of the cage? _____

How often do you plan on cleaning the cage? _____

What will you feed this animal? _____

What will you use for litter/bedding? _____

What will you do if this animal shows destructive behavior (chewing, digging, etc.) _____

How long do you feel an animal should be given for an adjustment period? _____

Possible changes in the next 10 years: Moving Change in roommate(s) Job Transfer/Return to school
 Acquiring other pets Having children Other _____

Who will care for this pet in your absence (i.e. vacation, emergencies, etc.)? _____

What will you do with this pet if you move? _____

Please list past and current pets:

Name	Type and Breed	Age	M/F	S/N	Current on H/W Prevention (dogs)?	Current on vaccines?	Declawed (cats)?	Indoor/Outdoor?	When did you have this pet? (e.g. 1998-2005)

What veterinarian examines/vaccinates your pet(s)? _____

How much are you willing to spend on medical bills for this pet? _____ What will you do if the bills go over this amount? _____

What behaviors and/or characteristics do you find undesirable and/or unacceptable: **(check all that apply)**

- destructive chewing digging inability to get along with other pets
 persistent 'accidents' not good with children heavy shedding
 other _____

Is there a behavior listed above or any other for which you would feel the need to return the animal to us? _____

Once all adoption requirements are met, and you have completed your pre-adoption consult (if required) you must adopt and pick up your pet within 24 hours. Do you have any conflicts with this? Yes No

Do you agree to keep this pet as an indoor house pet only? Yes No **Please initial** _____

Our adoption contract states that you will take this pet to a vet within 10 days. The initial exam fee is waived if you visit one of our participating vets. You will be responsible for any medications or treatments the pet requires. You are also required to provide any medical care as needed for the life of this pet.

Do you understand and agree to this? Yes No **Please initial** _____

Have you, or has anyone who lives with you, ever been convicted of animal cruelty, neglect or abandonment?

Yes No **Please initial** _____

I certify that all the information in my application is complete and accurate. I understand that false or incomplete information may result in the denial of my application. The League reserves the right to request additional materials prior to approving this application including but not limited to vet reference, verification of ownership of residence, proof of financial ability to provide for a pet, etc. We may also contact other shelters/jurisdictions regarding history of pet ownership and/or complaints received.

Signature _____ Date _____

ADOPTION COUNSELOR NAME: _____

PLEASE REMEMBER TO ENTER NOTES INTO PETPOINT!