



**ANIMAL WELFARE LEAGUE OF ARLINGTON**  
**Small Companion Animal Application**

Last Name: _____
Date: _____ Time: _____

Revised 8/2014

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

ID #	Name	Species/Breed	Gender	Age
A-				
A-				

Applicant \_\_\_\_\_ Co-applicant \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_  
 Email \_\_\_\_\_

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

How did you learn about this animal? **(Check one)** TV\_\_\_\_, Print article (magazine/newspaper)\_\_\_\_, Online news story/blog\_\_\_\_, Facebook\_\_\_\_, Twitter\_\_\_\_, Instagram\_\_\_\_, Arlington Pets App\_\_\_\_, AWLA website\_\_\_\_, Petfinder/Petango\_\_\_\_, Ad\_\_\_\_

Housing:  Own  Rent  House  Town House  Condo  Apartment

Pet History (up to 3)	Type	Breed	Age	Gender	Length owned
<input type="checkbox"/> Previous <input type="checkbox"/> Current					
<input type="checkbox"/> Previous <input type="checkbox"/> Current					
<input type="checkbox"/> Previous <input type="checkbox"/> Current					

What behaviors and/or characteristics would you like more information on? **(Check all that apply)**

- Proper Housing  Cage Enrichment  Diet  Play and Exercise  Vet Care  Aggression  
 Redirecting destructive behaviors  Living with children  Grooming  Other \_\_\_\_\_

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 \_\_\_\_\_  
 Signature, co-applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Signature, staff/volunteer \_\_\_\_\_ Date \_\_\_\_\_