



ANIMAL WELFARE LEAGUE OF ARLINGTON
Dog 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 _____ Check this box if you choose NOT to receive AWLA email

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 Fence, type: _____

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					

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

How many hours each day will the dog be left alone? _____

Which dog behaviors would you like more information on? **(Check all that apply)**

- House and crate training Introducing current pets Training Classes Play and Enrichment Aggression
 Redirecting destructive behaviors Living with children Grooming Vet Care Other _____

Once all adoption requirements are met, and you have completed your pre-adoption consult (PAC) you must adopt and pick up by close of business the following day. Do you have any conflicts with this? Yes No

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

Our adoption contract states that you will take this dog 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 dog requires. You are also required to keep this dog on heartworm preventative for his lifetime and current on rabies/distemper vaccinations, and any medical care as needed. 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 _____