



PET ADOPTION APPLICATION

P.O. Box 72

Grangeville, ID 83530

Email: arf.grangeville@gmail.com

Webpage: www.arfgrangeville.org

Phone _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone Number(s): _____

Place of Employment: _____ WorkPhone: _____ Age: _____

Email Address: _____

Please provide a personal reference:

Name: _____

Address: _____

Phone: _____

Please provide the following information about your household: How many people live in your home? _____

Number of adults: _____ Number of children: _____ Ages: _____

Is anyone in your family allergic to animals? _____ CATS _____ DOGS

Is everyone in your household aware of your intention to adopt a pet? _____

Who will be the primary caregiver of the pet? _____

Who will be financially responsible to provide adequate food, shelter, vaccinations, additional vet care as needed for the pet you plan to adopt? _____

Where do you live? (house, apartment, etc.) _____

I RENT _____ I OWN _____ LIVE WITH MY PARENTS _____

• If renting, have you notified your landlord & been approved? _____

Name and/or description of pet you are applying for: _____

Why do you want to adopt a new pet? (check all that apply): Companion for self _____ Companion for children _____
Companion for another pet _____ Walking/Jogging/Hiking partner _____ Protection _____ Gift _____ Replacement Pet _____
Other (please describe): _____

How many days a week will the pet be left alone at home & how many hours per day will the pet be left alone at home?
Please Describe: _____

Where will your pet be kept during the day? (check all that apply): Indoors _____ Outdoors _____ Dog Pen _____ Crate _____
Basement _____ Garage _____ Other (please describe) _____

Where will your pet be kept during the night? (check all that apply): Indoors _____ Outdoors _____
Dog Pen _____ Crate _____ Basement _____ Garage _____ Other (please describe) _____

Where will the pet be expected to relieve itself? _____

If adopting a dog, do you have a fenced yard? YES NO If fenced, please describe the height and type of fence:

If adopting a dog, how do you plan to house train your dog?

Have you owned pets in the past? Please describe _____

Have you ever given up or rehomed a pet? Please describe _____

During the last two years have you lost a pet? Please explain _____

If any pet died in the last 3 years, describe circumstances: _____

Do you realize that a dog or cat may live 15 or more years? YES NO

It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved. Are you prepared to allow this much time? YES NO

When would you be ready to bring your new pet home if approved? _____

What type(s) of pet(s) do you own currently?

Name	Type/Breed	Kept Where	Age	Neutered	Sex	Still Own?
				YES NO		YES NO
				YES NO		YES NO
				YES NO		YES NO
				YES NO		YES NO

Who is (was) your veterinarian for your pet(s)?

Name: _____

Address: _____

Phone: _____

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet from **ANIMAL RESCUE FOUNDATION (ARF)**. I authorize investigation of all statements on this application.

Signature: _____ Date: _____

Applications may be EMAILED TO: arf.grangeville@gmail.com
Or dropped off to _____