## THE ARK RESCUE KENNEL

In order to assist you in finding your new family member, we ask that you read and complete the attached application.

## **ADOPTION REQUIREMENTS:**

- Completed application
- Waiting period while application is processed (3 5 business days)
- Adoption fee -- \$300.00

## WHAT YOUR ADOPTION FEE COVERS

- Dogs are microchipped
- Dogs are on heartworm preventative
- Dogs are on flea preventative
- Vaccinations to-date \*\*baby/young puppies may require another set of boosters or a rabies vaccination which would be the responsibility of the owner
- Spaying / Neutering (*if old enough according to ARK protocol*)
- Heartworm Test
- Worming / Additional treatment(s) Heartworm tests are done on puppies over 6 months old and if their mother tested positive for heartworm.
- Veterinarian examination
- Pet Insurance (First Month Free through 24PetWatch) (Owner may continue policy at their expense)

#### The Ark Rescue Kennel

To adopt a dog from The Ark Rescue Kennel, adopter must agree to the following:

- 1. Adopter assumes full responsibility for this animal for the animal's entire lifetime.
- 2. Adopter will not allow this animal to breed.
- 3. Adopter will take the animal to a veterinarian for examinations and immunizations at least annually and will procure immediate veterinarian care should the animal become ill or injured.
- 4. Adopter is adopting animal as a companion. Adopter will not chain an animal indoors or outdoors. Adopter will provide proper and sufficient food, water, shelter, and kind treatment at all times.
- 5. If adopter has other pets at home, adopter attests to the fact that all animals are current on their annual vaccinations and are spayed or neutered.
- 6. All dogs require training for housebreaking, chewing, and adjustment to family and other pets. Adopter realizes this and accepts responsibility to provide proper and humane treatment and/or training in dealing with these and all other issues with adopted pet.
- 7. The Ark has certified trainers who can assist (at no charge) with any issue.
- 8. Adoption fee will be reimbursed only if animal is returned due to health problems that arise within a 30-day time frame, and if animal is returned to the care of The Ark.

#### 9. <u>ADOPTER AGREES TO RETURN ANIMAL TO THE ARK AT ANY TIME</u> <u>DURING ITS LIFE IF ADOPTER DECIDES PET IS NO LONGER WANTED</u>.

Adopter will not give animal away without first obtaining the written approval of The Ark. (This pet is being adopted to you because we feel you will provide a fit and loving home.) You are strongly encouraged to call The Ark within 30 days of adoption should adjustment problems become an issue, such as not getting along with other pet(s) in household. <u>Please understand it is The Ark's goal to assist you with your new companion's transition into your home</u>. We have resources available to assist you with any questions and concerns.

10. Adopter is aware that The Ark employees and volunteers may not know the full background of the animal you are adopting. Therefore, you are adopting your pet knowing he/she may not be housebroken or may have other behaviors traits that will require training to correct.

I have read the adoption agreement and fully understand it and agree to be bound by its adoption criteria.

Signature of Adopter

Date

Name of Pet Adopting

APPLICANT COPY

#### The Ark Rescue Kennel

To adopt a dog from The Ark Rescue Kennel, adopter must agree to the following:

- 1. Adopter assumes full responsibility for this animal for the animal's entire lifetime.
- 2. Adopter will not allow this animal to breed.
- 3. Adopter will take the animal to a veterinarian for examinations and immunizations at least annually and will procure immediate veterinarian care should the animal become ill or injured.
- 4. Adopter is adopting animal as a companion. Adopter will not chain an animal indoors or outdoors. Adopter will provide proper and sufficient food, water, shelter, and kind treatment at all times.
- 5. If adopter has other pets at home, adopter attests to the fact that all animals are current on their annual vaccinations and are spayed or neutered.
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Signature of Adopter

Date

Name of Pet Adopting

ARK COPY

### The Ark Rescue Kennel

Phone: (765) 246-6223 // Fax: (317) 203-0722 arkpets@]	hotmail.com	<u>1</u>
Name of Applicant Spouse/Other		
Home Address:		
City Zip Code Length of time at	address?	
Home Phone: Head of Household? YES _	NO _	
Cell Phone: Texting: Yes No		
Previous Address		
City Zip Code Length of time at	address?	
E-mail Address		
Employment: Employer's Name		
How long? Work Number:		
***************************************	********	*****
1. Your place of residence: House Apartment Mobile H	ome	Condo
2. Please check one: Own Rent		
3. If you rent, we must verify with your landlord permission to own a pet.		
Landlord's name Phone Nu	umber	
4. Do you have a fenced yard? Yes No Height		
5. Does everyone in your house want to adopt a dog? YES		
<ol> <li>How many adults live in your home?</li> </ol>		
7. Age of <u>each child</u> living in home://		
8. Is anyone in the household allergic to pets?		
9. Who will be the primary caregiver for this dog?		
10. Why do you want to adopt this pet? Companion Company for a Watch dog house pet other please explain	·	<b>U</b>
11. What pets do you currently have in your household?		
Name of PetDog / CatSpayed/NeuteredOutdoor	Indoor	Age

#### Adoption Application P.O. Box 124, Fillmore, IN 46128

12. List pets owned in the <u>past five years</u> other than those listed previously.

# A veterinarian check will be completed. Failure to disclose all animals owned may result in an application not being approved.

Dog/Cat Age When Adopted	1 0	e	What Happened to Pet
13. Are your pet(s) vaccination	ons current? Yes	No	
14. Are your dogs on heartwo	orm preventative? Yes	6 No	
(a) Where do you purcha	ase your heartworm pro	eventative?	
15. Full service veterinary	clinic where pet is se	een and treated **req	uired information**
Name:		Phon	e:
15(a) Other type of clinic w	where pet vaccination	ns are administered, p	rovide the following:
Name:		Phone	e:
(b) Phone number of cl	inic where pet was l	ast vaccinated	
**You may need to provide vaccination clinic.	e proof of your pet(s	s) current vaccination	n records if you used a
16. How many hours on the a	average per day will y	our dog spend alone? _	
<ul><li>16. How many hours on the a</li><li>17. Where will your dog spen</li></ul>			
17. Where will your dog spen	nd the <b>days</b> ? Check al	l that apply. Enter <b>total</b>	
17. Where will your dog spen Indoors (crated)	nd the <b>days</b> ? Check al	l that apply. Enter <b>total</b>	hours per day for each.
17. Where will your dog spen Indoors (crated) Loose (unfenced)	nd the <b>days</b> ? Check al fenced yard (l kennel run	l that apply. Enter <b>total</b> loose) g Indo	hours per day for each. arage ors (loose)
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