



Noah's Ark Foundation
P.O. Box 1848
Woodbridge, VA 22195
Phone & Fax: (703) 831-4153
www.nafva.org

Date: _____ Name & Type of Pet: _____

Other Adoption Application

Thank you for your interest in our pets. Please read the following information regarding our adoption guidelines and procedures. You will be asked to sign a legal contract when adopting your pet.

Please understand, we will not place a pet into a home if any of the following apply:

- The prospective home currently has an un-altered pet.
- The pet will be left outdoors unattended for any length of time.
- The pet is intended as a gift.

Once placed, Noah's Ark Foundation reserves the right to:

- Check on the pet any time to ensure its well-being.
- Remove the pet from the home if any conditions of the adoption contract have been violated or, if the environment is unsafe.
- At any time you find that you can not keep your pet, you must return it to Noah's Ark Foundation and NOT to any other individual or shelter.

This form and a consultation with an adoption counselor are designed to help you find the pet most compatible with your lifestyle. Completion of this application does not guarantee adoption of a pet. Please complete the following questions completely to the best of your knowledge. *In order to be considered as an adopter you must:*

- Be 18 years of age or older & have a valid Identification.
- Own your own home or have the knowledge and consent of your landlord.
- Be willing and able to provide the proper training & medical treatment necessary for the pet.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Answering Machine?: Yes No Work: _____

Cell: _____ Voice Mail?: Yes No E-Mail: _____

Occupation: _____ Employer: _____

Employer Address: _____

Number of Adults in Household: _____ # of Children: _____ Ages of Children: _____

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Are all the adults in the household aware that you are adopting a pet? _____

Who will have primary responsibility for this pet and state the age: _____

Does anyone in the household have pet allergies? _____

Who is / or will be your veterinarian?: _____

City / State: _____ Phone Number: _____

Why do you want a pet at this time?: _____
 Why did you choose this particular pet? _____

Do you own _____ or rent _____ your home? If you rent, please provide name and phone number of the landlord and state whether you have obtained permission to have a pet: _____

RESIDENCE TYPE: Single Family _____ TH _____ Mobile _____ Apartment _____ Condo _____
 Is your yard fenced? Yes No If yes, Height/Type of Fence: _____

How many hours a day will the pet be left alone? _____

Where will the pet be kept when alone? _____

If confined in a room, which room? _____ If crated, in which room? _____

Where will the pet be kept when you are home? _____

Where will the pet sleep at night? _____

Is this your first pet?: _____

Please list the animals you currently have:

Type	Breed	Sex	Age	Spayed / Neutered	Current on Vaccinations	Kept where?

Please list the animals you have had in the past (*do not include family pets from childhood*):

Type	Breed	Sex	Age	Spayed / Neutered	Where is the animal now?	How long did you have it?

What Flea & Tick treatment have you given your pets? _____

Have you ever given away, sold or surrendered an animal? _____

If yes, what were the circumstances and to whom? _____

Will you have this animal spayed/neutered (if not already done): _____

Will you have annual veterinarian check-ups and maintain county regulations regarding licenses? _____

What method of training/discipline will you use? _____

How were your previous pets' trained/disciplined? _____

When you go on vacation or travel, who will care for this pet? _____
If you move, what will happen to this pet? _____
Under what circumstances would you return this pet to us? _____
If you decide that you no longer want this pet, what will you do with it? _____

How much do you think it costs ANNUALLY to own a pet? _____
How much are you willing to spend on medical bills for this pet? _____
What would you do if it goes over this amount? _____
Do you realize that this pet can have a life span of _____ years? _____
Are you willing to commit to this pet for it's entire lifetime? _____
What provisions will you make for the pet should you become unable to care for it? _____

Have you ever applied to adopt an animal from a Rescue Organization, SPCA, Animal Shelter or Humane Society before? _____
If yes, when? _____ Explain: _____
Are you willing to allow a representative of Noah's Ark Foundation to visit where the pet will be living? _____
How did you hear about us? _____

I certify that the information above is true and understand that false information will result in nullification of this adoption.

Prospective Adopter Signature: _____ Date: _____

Interviewer Approval: _____ Date: _____

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