



Idyllwild Animal Rescue Friends
P.O. Box 719, Idyllwild, CA 92549 951-659-1122

DOG ADOPTION APPLICATION

Name _____

Physical Address _____

Mailing address if different _____

Email address _____

Cell phone (_____) _____ other phone (_____) _____

Number of people at home _____ Ages of children at home _____

Employer _____

Employed: ___ Full time ___ Part time Work at home? _____

How many hours will your dog be left alone per day? _____

Do you live in a ___ House ___ Apartment ___ Condo ___ Mobile Home

How long have you lived at this address? _____ years _____ months

Do you ___ own ___ rent/lease

If you rent, landlord's name _____ Phone (_____) _____

May we inspect your living facilities? _____

Where will this dog be kept? ___ In the house ___ Garage ___ Yard ___ Barn

Do you have a fenced yard? ___ If yes, what type of fencing? _____ height? ___

Household activity level ___ Quiet ___ Active ___ Very active

Who will be responsible for the care and feeding of this dog? _____

How will this dog be exercised? _____

Do you have a local veterinarian? ___ If so, his/her name _____

Do you believe in regular veterinary care (check-ups, booster vaccinations, etc)? _____

Are you able to afford regular veterinary care? _____

Are you able to afford emergency veterinary care? _____

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If your dog has an emergency, and you do not have the funds necessary for medical care, what will you do? _____

Puppy adoptions: Will you agree to work with ARF to have this dog neutered/spayed when the time is appropriate? _____

What arrangements will be made for the dog when you travel? _____

Have you ever had a dog/kitten as part of your family? _____

What kind of collar/harness will be used to walk this dog? _____

What is your philosophy when addressing a dog's undesirable behavior? _____

What other pets currently reside in your home?

DOG/CAT	AGE	SEX	SPAYED/NEUTERED?

Puppy/dog's name _____

Adoption fee \$ _____

Signature

Date

ARF representative signature

Emergency contact: Name _____

Contact phone(s): _____