

**HAVEN OF
THE
OZARKS**



ANIMAL ADOPTION APPLICATION



DATE: ___/___/___ ANIMAL YOU ARE INTERESTED IN: _____

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOW LONG? _____

OWN/RENT: _____ HOW LONG DO YOU PLAN TO STAY? _____ PET'S ALLOWED? _____

IF YOU HAD TO MOVE WHAT WOULD YOU PLAN TO DO WITH YOUR PET?

HOME PHONE: _____ CELL PHONE: _____ E-MAIL: _____

LANDLORD PHONE: _____ DRIVERS LICENSE #: _____

VETERINARIAN: _____ VET PHONE: _____

EMPLOYER: _____ POSITION: _____ HOW LONG? _____

HOW MANY ADULTS ARE IN YOUR HOUSEHOLD? _____ HOW MANY CHILDREN? _____

DOES ANYONE HAVE PET ALLERGIES? _____ IS ANYONE NERVOUS AROUND PETS? _____

ARE YOU WILLING TO TRAIN YOUR NEW PET? _____ HAVE YOU EVER SURRENDERED A PET? _____

PLEASE LIST ALL THE PETS THAT YOU HAVE OWNED IN THE LAST 5 YEARS

DOG/ CAT	BREED	NAME	AGE	M/F	SPAYED/N EUTERED	STILL OWN?	COMMENTS

WILL YOUR NEW PET BE...

- AN INDOOR DOG/CAT
- AN OUTDOOR DOG
- A BARN CAT/MOUSER
- PRIMARILY BE USED FOR PROTECTION
- PRIMARILY BE A COMPANION
- A PART OF AN ACTIVE LIFESTYLE

PLEASE CHECK THE BOX THAT BEST DESCRIBES YOUR

- HOUSE WITH FENCE
- HOUSE WITH NO FENCE
- HOUSE WITH OUTSIDE KENNEL
- APARTMENT OR CONDO WITH NO YARD
- LIVE WITH PARENTS
- DORM OR STUDENT HOUSING
- FARM
- DUPLEX

ARE YOU WILLING TO...

- PROVIDE VET CARE
- NOT DECLAW (CAT)
- TRAIN YOUR PET
- NOT CHAIN DOG OUT
- KEEP A COLLAR ON DOGS
- OBEY LOCAL STATUTES
- FINANCIALLY CARE FOR PET
- RETURN PET TO HAVEN IF NOT CORRECT TO THE

BY SIGNING BELOW, YOU AGREE THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE

PRINT NAME _____ SIGNATURE _____