



ADOPTION QUESTIONNAIRE

Please provide complete and accurate information to all of the questions. Failure to provide the requested information will delay the adoption process. We are not able to hold adoptable pets for any reason and they will remain available for adoption until you have a complete, approved application. There may be multiple applications on the same pet, in which case we will choose the most qualified home. We are not able to tell you if there are other applications on a particular pet.

Name: _____ **DOB:** __/__/____ **Maiden Name:** _____
Last First M.I.

Street Address: _____
City County Zip Code

Phone 1: _____ **Phone 2:** _____

Employer Contact Information: _____ **Phone:** _____

List any **additional adults** living at the residence (18 years and older):

Name: _____ **DOB:** __/__/____ **Maiden Name:** _____
Last First M.I.

Relationship to applicant: _____

Name: _____ **DOB:** __/__/____ **Maiden Name:** _____
Last First M.I.

Relationship to applicant: _____

Do you own/ rent/ on contract/ live with family who owns home? (Please circle which best describes your situation)

Landlord/ Property Owner Information: _____ **Phone:** _____
Last First

List any **pets currently** living in your household:

Pet Name	Pet Type	Breed	Age	Sex	Neutered: Y/N	Shelter Staff Only

Which Veterinarian Clinic treats your pet(s)? _____ **Phone:** _____

If any **current** pets are not neutered or have incomplete vet records, please explain why: _____

List any pets you no longer own that you have had in the last 5 years:

Pet Name	Pet Type	Breed	Age	Sex	Neutered: Y/N	Why pet is no longer owned	Shelter Staff Only

Shelter Staff Only:

RTO file: _____ DNA file: _____ BC file: _____ Landlord _____

ICO file: _____

Vet Ref _____ Approved Denied Called Visited

Notes: _____ Conditional _____

Is there a specific animal that you are interested in? _____

Why do you think this animal would do well in your home? _____

Why did you choose this animal? _____

Pet Will Be: Indoor, Indoor/Outdoor, Outdoor? (Please circle which best describes your situation)

If outdoor, what type of housing/containment do you have? _____

How will the pet be exercised? _____

Have you ever applied for an adoption with the Animal Rescue League of Marshalltown before? If so, when? _____

Have you ever been declined for adoption from us or another shelter? _____

Who will be the primary caretaker? _____

Is everyone living in the home in agreement about adopting and caring for the animal? _____

Are there any minors (under the age of 18) who will come in regular contact with the animal? If so, please list any information available below.

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Do you understand and agree to comply with all local, state, and federal laws regarding pet ownership? _____

Have you or anyone in your household been charged with any type of assault, personal or animal? If so, please explain below.

Have you or anyone in your household been charged with animal abandonment, animal cruelty, or animal neglect? If so, please explain below. _____

Do you understand the costs, challenges, and care required for the animal you wish to adopt? _____

On average, how much have you budgeted for annual care on a new pet? _____

Upon adopting a pet through the ARL, would you like to receive a 30 day free trial in 24 Petwatch's pet health insurance program? Circle YES or NO If yes, an email is required _____

I hereby certify that the above information provided is accurate to the best of my knowledge. I understand that any false information will automatically result in the denial of my application. I authorize the Animal Rescue League of Marshalltown to check all information provided to determine its accuracy, which includes but is not limited to current and previous vet records, home ownership, rental agreements, and public records.

Applicant Signature _____ **Date** _____