

Animal Rescue Center of Shawnee (ARC)
1530 N. Harrison, Box #135, Shawnee, OK 74804

Name of pet being considered _____ Date _____

Name of Applicant _____ Home # _____

Address _____ Work # _____

City _____ State _____ Zip _____ How long this address? _____

Email Address _____ Occupation _____ Over 18 Yes / No

Have you adopted from us before? _____ Who _____ When _____

Why do you want a pet? _____

Breed of pets you have owned _____

Do you still have any of them? _____ If not, what happen to them? _____

Were/are they Spayed/neutered? _____ Name & Phone of veterinarian _____

How often do you take your pet to the vet? _____

Are you familiar with veterinarian expenses? Yes/No Flea/Tick meds? Yes/No Heartworm prevention? Yes/No

of adults in household _____ # of children in household _____ Age(s) of Children _____

Do you live in: (please circle) House Apartment Condo Duplex Mobile Home Other _____

Do you (please circle) Own rent If renting, does the landlord allow pets? _____

Landlord's name _____ Phone number _____

Do you have a fenced yard? _____ If so, what is the height? _____ Type (please circle) Chain Wood Other _____

Who will care for and feed the pet? _____

Where will the pet stay when people are home? _____

How many hours a day will the pet be left alone? _____ While alone, where will the pet stay? _____

Where in your vehicle will the pet ride? _____ Type of vehicle? _____

If you are adopting a cat, will you be de-clawing it? _____

Does any member of your household have an allergy to pets? _____

Will you be moving in the foreseeable future? _____ If so, where? _____

If you have to move, what will you do with the pet? _____

Have you ever had to give a pet away? _____ If so, why? _____

Where did it go? _____

I certify that the above answers are true to the best of my knowledge and understand if they are found to be false, ARC has the right to remove the pet from my custody.

Signature _____ date _____