



# Noah's Ark Bayou Sanctuary Animal Rescue

## PET ADOPTION APPLICATION

Please print all information clearly. If we can't read it, we can't process it. Thank you.

By completing this form, you will assist us in establishing that you and your family are ready for the responsibilities of pet ownership. If you qualify and are accepted, we will contact you via email. Please be sure to check your spam folder also for a message from us.

NAME: \_\_\_\_\_ WHERE EMPLOYED: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ HOW LONG EMPLOYED: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ WORKPHONE: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_  
 NAME OF PET(S) YOU ARE INTERESTED IN ADOPTING: \_\_\_\_\_

1. Why do you want to adopt at this time? \_\_\_\_\_
2. What preparations have you made (or will make) for your new pet? \_\_\_\_\_
3. Do you want this dog as a  watchdog  companion/family member  child's pet  hunting dog  guard dog  fighting dog  outside dog  company for other pet  gift  other \_\_\_\_\_
4. Who will have primary responsibility for your new pet? \_\_\_\_\_
5. Have all adults in the household been consulted and do they agree to this adoption?  Yes  No
6. Are you financially able to take care of an ill or injured pet (Which may cost hundreds of dollars)?  Yes  No
7. Please describe the extent of care that you are willing to provide should your dog have special needs now or in the future: \_\_\_\_\_
8. Do you live in a  house  apartment  townhouse  condo  other \_\_\_\_\_ Do you  rent  own
9. If renting, do you have permission to keep pets?  Yes  No Landlord's name: \_\_\_\_\_  
Phone number: \_\_\_\_\_
10. If a pet deposit is required, has it been paid?  Yes  No
11. Will the adoption of this pet comply with your subdivision/condo/apartment regulations?  Yes  No
12. Do you have a yard?  Yes  No If yes, please describe  no fencing  partially fenced  completely fenced  
If fenced, type of fencing? \_\_\_\_\_ Height of fencing \_\_\_\_\_ Condition of fence  new  older but in good shape  needs some repair  needs replaced (NOTE: A picture may be required of your yard)
13. Have you ever owned a pet?  Yes  No If yes, please list your **past** and **current** pets below:

Pet Name	Sex	Age	Pet Type	Breed	Size	Living	Passed

If there are additional pets, please  check here and list them on the back of this form.

14. Have you ever had to give up an animal for any reason?  Yes  No If yes, what happened to the pet? Did you  take the pet to a shelter  found the animal a new home  other? If other, what did you do? \_\_\_\_\_
15. During the last two years, have you  lost a pet (runaway pet)  had one poisoned  was killed by a vehicle,  stolen  died from disease? If so, what disease did the animals die from? \_\_\_\_\_
16. Are all pets in the household current on their vaccinations?  Yes  No (NOTE: For cats, feline distemper, leukemia, rabies. For dogs, canine distemper, hepatitis, parvovirus, rabies.)

COUNTY ROAD 210 AT AUSTIN BAYOU  
 P.O. BOX 307 LIVERPOOL, TX 77577  
 (281) 330-5238 FAX 1-(610) 300-5238  
 NABSTx2004@AOL.COM WWW.NABS-TX.COM



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17. Are all your pets spayed or neutered?  Yes  No
18. Are you using heartworm preventative  Yes  No If yes, what kind? \_\_\_\_\_
19. Please describe you personal knowledge of the cause and prevention of heartworms: \_\_\_\_\_  
\_\_\_\_\_
20. Please provide a list of all the veterinarians or clinics that have seen your pet (s):  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_
21. Do you have children?  Yes  No If yes, what are their ages? \_\_\_\_\_
22. If you have children, have they been taught how to treat animals with respect and kindness?  Yes  No
23. Do any members in your home have any known pet allergies?  Yes  No If yes, allergic to what \_\_\_\_\_
24. Do you plan to take this pet to formal training classes?  Yes  No If yes, what kind? \_\_\_\_\_  
Where will this training take place? \_\_\_\_\_ If no, how will you home train your new pet?  
\_\_\_\_\_
25. Where will you exercise this pet? \_\_\_\_\_ How often? \_\_\_\_\_
26. How will you transport this pet? \_\_\_\_\_
27. If crated or kenneled, how many hours per day? \_\_\_\_\_ How big is the crate or kennel? \_\_\_\_\_
28. You may need to house train a new puppy or dog. What is your method of house training? \_\_\_\_\_  
\_\_\_\_\_
29. Can you invest the time and effort to allow this pet to adjust to its new home?  Yes  No How long are you willing to invest in this? \_\_\_\_\_ Have you ever adopted a rescue before?  Yes  No
30. What do you consider valid reasons that you would give up a pet? (Mark all that apply.)  moving  fleas  
 destructive  biting  grew too large  chewing  difficulty housebreaking  too rough with children  
 vet bills  barking too much  too active  digging  having a baby  other \_\_\_\_\_
31. What will you do if this pet demonstrates the following behaviors? Digging \_\_\_\_\_  
Chewing \_\_\_\_\_ Not getting along with other pets \_\_\_\_\_  
Difficulty adjusting to household \_\_\_\_\_ How long would you give this pet to change its behavior with additional training? \_\_\_\_\_ Would you seek this training  Yes  No
32. If needed how would you discipline your pet? \_\_\_\_\_  
\_\_\_\_\_
33. How many hours in a day will this pet be left alone? \_\_\_\_\_
34. Where will this pet be kept when left alone?  outside  crated  free roam of house  enclosed kitchen or laundry room  garage  other. If other, please explain: \_\_\_\_\_
35. How many hours in a 24 hour period would this pet spend indoors? \_\_\_\_\_ outdoors? \_\_\_\_\_
36. Where will this pet sleep at night? ( Mark all that apply)  crate  kitchen or laundry room  outside  
 garage  master bedroom or child's room  it's own bed  yours or child's bed  other \_\_\_\_\_
37. Where will this pet be kept when you go on vacation? \_\_\_\_\_
38. If this pet were lost, what would you do? \_\_\_\_\_
39. Do you realize that dogs and cats can live as long as 15 years or more?  Yes  No Are you willing to accept responsibility for a living creature for that long?  Yes  No
40. Would you object to a home visit by NABS?  Yes  No

**I certify that the above information is true and that false information may result in nullifying this adoption.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No animal will be adopted to prospective owners who mislead or fail to provide accurate information on the adoption application and/or the adoption contract. N.A.B.S. doe not adopt pets on the first come, first served basis. All applications will be screened by N.A.B.S. to determine the most suitable match for both you and the animal.  
**N.A.B.S. reserves the right to refuse to adopt to anyone.**

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