



SPRINGDALE

ANIMAL SERVICES

Staff only:	Date Taken: _____	Time Taken: _____	Animal ID # _____	Date Available: _____	
	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Animal Name: _____	Adopter Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Initials: _____

Please have I.D. ready to show proof of current address.

Name of animal being considered for adoption: _____

Primary Adopter (*Adult responsible for pet*) _____

List all adults in household by name _____

Address _____

City _____ State _____ Zip Code _____

Driver's License Number _____ State _____ Date of Birth _____

Phone Number _____ Secondary Phone _____

Email _____

Place of Employment _____

Housing:

Own Rent Live with parents – Parent's Phone _____

If you rent, we must receive permission from your landlord. Permission from landlord must be received within 24 hours of submitting application.

Landlord Name _____

Address _____

Phone Number _____

Check all that apply:

House Apartment

Fence No Fence No Yard

Are there children in your home? Yes No If so, what are their ages? _____

Is anyone in the home allergic to animals? Yes No

Are you: A first time pet owner/fosterer? Owned pets in the past? Fostered pets in the past?

(Continued on next page)

- Will this animal be kept: Inside Outside Both
If Both (*Outside means the outside alone for longer than 30 minutes*):

During the day: Inside Outside **At night:** Inside Outside

- Which of the following best describes your reasons for wanting this dog/cat? (Check all that apply)
 - Companion Other Pet's Pal Hunting Camping Buddy
 - Agility Training Jogging Buddy Walking Buddy Couch Buddy
 - Other (Please specify) _____
- Are you familiar with your local animal ordinances? Yes No
- If you move in the future, what will you do with your pet? _____
- It may take an animal a month or longer to adjust to its new home. Are you prepared to give your new pet time and help it adjust to your family? Yes No
- What reason, if any, would make you want to re-home this pet? _____
- Have you considered the daily expenses for maintaining an animal? (medical, food, grooming, etc.) Yes No
- Are you familiar with humane procedures for housetraining? Yes No
- If a behavior problem arises, are you prepared to invest the time and expense for training? Yes No
- Do you understand that the City of Springdale Animal Services makes no representations or guarantees about any animal's temperament and that any comment that an animal may be good with children or other animals or is housebroken is based upon information provided by previous owners and not a guarantee? Yes No
- Do you understand and agree that City of Springdale Animal Services and its Animal Shelter will not be liable for any future injury or damage that may be caused by this animal? Yes No
- Do you understand that City of Springdale Animal Services and its Animal Shelter makes every effort to adopt only healthy animals but makes no guarantees or representations about any animal's health and will not be liable for any future veterinary care or treatment the animal may need? Animals adopted may have been exposed to various diseases from proximity to other animals. In addition, the physical condition of some animals may be less than ideal due to conditions the animals have endured before arriving at the shelter. Yes No

Please list all pets currently at home and any that you have owned in the past (*use back if needed*).

Pet's Name	Male/ Female	Cat/ Dog	Closest Breed	Age	Spayed/ Neutered (Yes/No)	Is (was) the pet kept inside or outside?	Owned how long?	If not still with you, what happened? (<i>Please include last year owned</i>)

Who is your current veterinarian or animal clinic? (*leaving blank means you do not use a veterinarian*)
 (Name and Phone)

Previous veterinarian(s) or animal clinic for any animal listed above: (*Name and Phone*)



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ANIMAL SERVICES

321 Randall Wobbe Lane Springdale, AR 72764
P:479-750-8166 Fax:479-750-8508 E-mail: ckremer@springdalear.gov

1. Applicants for animal adoption must be at least 21 years of age.
2. **Explain beside any question not answered why it isn't answered.**
3. Applicant must agree to abide by all the city animal ordinances.
4. All dogs and cats three months and older are required to be spayed or neutered before the animal goes home with adopter. For animals under the age of three months adopter will pre-pay spay/neuter fee and will be given a voucher to have surgery done when animal is old enough. Spay/neuter must be done by the date on voucher.
5. Applicants with young children will be evaluated based on the compatibility between the child and animal, which will be evaluated by Animal Shelter staff prior to adoption.
6. If for any reason the adoption is not successful or the owner cannot keep the pet, we can take your pet back with a surrender appointment. Our appointments can run between 2-8 weeks ahead. ***You must make a surrender appointment to bring your pet back.***
7. Animals are placed as companion animals, not as guard dogs and typically not as mousers. We prefer strongly that your new pet will be kept inside your house and made a part of the family.
8. If applicant owns other animals, they must be current on vaccinations, including rabies vaccination which must be done by a licensed veterinarian.
9. Animals are generally not adopted to applicants having a history of ordinance violations, losing, giving away, selling animals or having animals injured or killed by moving vehicles.
10. Verifiable and secure photo identification is required at the time of application and adoption.
11. **An animal *will not* be adopted to applicants providing false information on the adoption application.**

I agree to the above requirements and wish to adopt a pet.

Signature: _____ Date: _____