

Personal Information:		
Name		
Address		
City, State, Zip:		
Home Phone: () Mo		
Work Phone: () Email A	Address:	
How long have you lived at your current address?	YearsN	Ionths
Do you rent or own? Rent Own If you rent, provide Landlord name, address and ph	one:	
Do you have permission from your landlord to get a Are you aware of pet deposit and monthly fees (if a		
Do you have a fenced yard? Yes No Type of Fence and height		
If you do not have a fence are you prepared to walk conditions (cold, hot, rain, snow, etc,)? Yes	your dog multiple	
What is your family's lifestyle like? Active and Entertain frequently Lots of kids		
Do you have children? Yes No		
If you have children, please list name(s) and age(s):		
Name	Age	

Why did you decide to get a	<u> </u>		
What are you looking for in			
Who will be responsible for			
How many hours per day wi	ll the dog be alone? _		
Where will the dog stay when you are home? At night?			
How and how often will you	exercise your dog? _		
Who will care for your dog	when you are out of to	wn (vacation, etc.)?	
Under what condition(s) wo	uld you have to give up	p your dog?	

Current and Previous Pet Information

Please provide the following information about your current pets:

Name	Breed	Age	Spayed/Neutered	
			YesNo	
			Yes No	
			Yes No	
			YesNo	
			YesNo	

If applicable, please provide the following information about any pets you have had in the last 5 years that are no longer with you:

Pet Name and Type	Reason Pet Is No Longer With You	
<u>'</u>		
Current Vet Name:		
Practice Name:		_
Address:		_
		_
Phone Number: ()		

Agreements for Adoption:
I am prepared to make a 10 to 15 year commitment to my dog.
I will keep my dog on a regular routine of heart worm preventative.
I will provide flea/tick control as needed.
I will work with my vet and agree on a regular schedule for wellness visits, inoculations, and any other tests we agree are necessary for the health and well-being of my dog,
I will not chain or tie-up my dog and leave it outside along. My dog will be an indoor dog and an important member of my family.
If, for any reason, I am unable or unwilling to keep this dog, I agree to return him/her The Animal Rescue Alliance & Farm Sanctuary, 10945 Old Santa Susana Pass Road, Chatsworth, CA 91311. I will not give this dog away, take it to a shelter, place him/her with another person or family member, or sell this dog to any other person without the express permission of The Animal Rescue Alliance & Farm Sanctuary.
I am financially able to provide routine and emergency care for this dog for his/her lifetime. This includes but is not limited to food, boarding (if necessary), regular vet care, heartworm preventative and flea and tick preventative. I will not compromise the health care of my pet. If I am unable to provide vet care due to unforeseen financial stress I will contact The Animal Rescue Alliance & Farm Sanctuary.
Signature:
Date:
Print Name:

Thank you for your interest in our pets!

T.A.R.A. R	Representative:	
Address: _		
Phone:		
Email:		