



**ADOPTION APPLICATION/CONTRACT**

PET'S NAME \_\_\_\_\_ Description \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (hm) \_\_\_\_\_ (c) \_\_\_\_\_ Your age \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

- Would you like to receive ARF newsletters and updates?  Yes  No

Welcome to ARFLA! Thank you for considering adoption of a rescued animal. *The animal's welfare* is our foremost consideration, so this questionnaire is designed to help us determine if this adoption is in the animal's best interest and to help you find an animal most compatible with your lifestyle.

Each of our pets is examined upon arrival and is provided with ordinary, or in some cases, extraordinary veterinary care. They are routinely monitored while awaiting adoption, but there is always a chance that an animal is incubating a disease without showing any clinical signs. Do you understand this? \_\_\_\_\_ (PLEASE INITIAL)

Our adoption fee of **\$150.00** includes spay/neuter, if not already done; micro-chip, first vaccinations, for puppies or adults; routine worming, and any needed medicine the animal has received in our care. If you adopt a puppy, you MUST provide vaccinations until the pet is at least six months old! After that, yearly exams and vaccinations are required.

IN THE EVENT THAT AN ADOPTION DOES NOT WORK OUT, **ARF requires the pet be RETURNED so that we may re-home it.** HOWEVER, 72 HOURS AFTER RECEIVING THE PET, PLEASE CONSIDER YOUR ADOPTION FEE A TAX-DEDUCTIBLE DONATION TO ARF.

Do you understand this? \_\_\_\_\_ Yes (PLEASE INITIAL)

We will deliver your new pet and check out your facilities once the application procedure has been completed.

**\*\*\*ARF-LA, INC. RESERVES THE RIGHT TO REFUSE ADOPTION TO ANYONE\*\*\***

In order to be considered, you must:

- be 18 years of age or older
- have identification showing your present address
- have the knowledge and consent of your landlord
- be able and willing to spend the **time and money** necessary to provide training, medical treatment, support and care of a pet
- have a fenced-in yard
- All resident animals must be altered\*, up-to-date on vaccinations, HW tested yearly and on HW preventative.

\*\*Do you understand this? \_\_\_\_\_ Yes (PLEASE INITIAL)



**ANIMAL RESCUE FOUNDATION of Louisiana**

Office: 337-332-4756 ~ Fax: 337-662-3957

[arfla.adoptions@gmail.com](mailto:arfla.adoptions@gmail.com) ~ [www.arfla.org](http://www.arfla.org)

1) Please specify why are you interested in this particular dog?  
\_\_\_\_\_

2) Is this your first experience with a pet? \_\_\_\_\_

3) List the pets you've owned in the past five years:

| NAME | TYPE BREED | Age | How long have you owned? | FIXED? | KEPT WHERE? | WHAT HAPPENED TO PET? |
|------|------------|-----|--------------------------|--------|-------------|-----------------------|
|      |            |     |                          |        |             |                       |
|      |            |     |                          |        |             |                       |
|      |            |     |                          |        |             |                       |

4) who is your veterinarian? \_\_\_\_\_

• Veterinarian Phone Number: \_\_\_\_\_

5) Do you live in a House \_\_\_\_ Apt \_\_\_\_ Condo \_\_\_\_ Mobile Hm \_\_\_\_

6) Do you own \_\_\_\_\_ or rent? \_\_\_\_\_

Does your lease allow pets? \_\_\_\_\_

7) what is your landlord's name? \_\_\_\_\_

And phone no.? \_\_\_\_\_

8) How long have you lived at this address? \_\_\_\_\_

9) Are there children in your household or who visit often? \_\_\_\_

what are their ages? \_\_\_\_\_

10) Do you or anyone in your home have allergies to animals? \_\_\_\_

11) who will be responsible for the care of this pet? \_\_\_\_\_

12) where will pet be kept during the day? \_\_\_\_\_

At night? \_\_\_\_\_

13) How many hours a day will this pet spend alone? \_\_\_\_\_

14) where will it be kept when alone? \_\_\_\_\_

15) Are you familiar with the use of a dog crate to train the pet during your absence or at night? \_\_\_\_\_



**Louisiana Law requires ALL animals adopted from a rescue or humane society be SPAYED OR NEUTERED!**

16) Do you agree to comply with this requirement? \_\_\_\_\_  
(ARF will arrange and pay for the surgery)

17) How did you hear about Animal Rescue Foundation? \_\_\_\_\_

18) May ARF make follow-up calls and/or visits? \_\_\_\_\_

19) Why do you want a dog? (check all that apply) house pet \_\_\_\_\_

Companion \_\_\_\_\_ guard dog \_\_\_\_\_ gift \_\_\_\_\_

Company for other pet \_\_\_\_\_

20) Do you have a fenced-in yard? \_\_\_\_\_ If yes, what kind?

\_\_\_\_\_ How high? \_\_\_\_\_

21) Do you have a doggy door? \_\_\_\_\_

22) Do you know how to house train a pet? \_\_\_\_\_

(Even previously trained pets need a period of adjustment)

23) Would you like information on house training? \_\_\_\_\_

24) Are you familiar with the leash and licensing laws of your community and the state of Louisiana? \_\_\_\_\_

25) What will you do if your dog chews on furniture, shoes, siding or shows other destructive behavior? \_\_\_\_\_

\_\_\_\_\_

26) Are you familiar with heartworm disease? \_\_\_\_\_ Yes \_\_\_\_\_ No

What type of heartworm prevention medicine will you use?

\_\_\_\_\_

27) How will you keep your dog confined to your property? (check all that apply)

In house \_\_\_\_\_ Kennel \_\_\_\_\_ Fenced yard \_\_\_\_\_

Leash \_\_\_\_\_ Chain \_\_\_\_\_ Patio \_\_\_\_\_ Runner \_\_\_\_\_



28) How will you secure your dog when traveling in a vehicle?

Pet taxi \_\_\_\_\_ Seat belt harness \_\_\_\_\_ Free in rear \_\_\_\_\_

Dog will ride in back of open pickup truck \_\_\_\_\_

Dog will ride in rear of SUV \_\_\_\_\_

29) Have you ever sold, given away, or surrendered a pet to a shelter, rescue or any person? \_\_\_\_\_

If yes, please specify why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

30) Please tell us a little of your lifestyle, your family including any special activities in which your dog would be included:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31) If and when you move, what will you do with your dog?

\_\_\_\_\_  
\_\_\_\_\_

---

32) Please tell us how you became aware of ARF-LA and its programs:

Adoption Event:  Facebook:  Friend or Relative:

Internet Search - Petfinder.com  ARF-LA's Web Site:

ARF-LA Adopter:  Veterinarian:  Other:  \_\_\_\_\_



**ANIMAL RESCUE FOUNDATION of Louisiana**

Office: 337-332-4756 ~ Fax: 337-662-3957  
[arfla.adoptions@gmail.com](mailto:arfla.adoptions@gmail.com) ~ [www.arfla.org](http://www.arfla.org)

**ARF Copy**

**CONTRACT FOR ADOPTION**

REMEDY FOR NON-COMPLIANCE: It is herein agreed that ARF, Inc. retains superior title in said animal limited to and for the express purpose of assuring the animal's well-being and that ARF will only exercise its superior claim in the event it appears to ARF that the proper and humane care as specified in the above adoption provisions is not being afforded said animal, in which case the animal may be seized through a Claim and Deliver proceeding.

Animal Rescue Foundation of LA  
P.O. Box 53501, Lafayette, LA 70505  
337-332-4756 or 337-278-1776  
[arfla.info@gmail.com](mailto:arfla.info@gmail.com) • [www.arfla.org](http://www.arfla.org)

- 1) I acknowledge receiving \_\_\_\_\_ (name).  
Description \_\_\_\_\_
- 2) I agree to provide proper food, water, adequate shelter, and kind treatment to this pet at all times, as required by law.  
**Dogs must not be crated or chained for extended periods!**
- 3) I agree to take the pet to a veterinarian for yearly exams and vaccinations, *AS REQUIRED BY LAW*, and to procure immediate veterinary care should the animal become ill or injured. I agree to provide the dog with heartworm preventive medicine.
- 4) I agree to license the animal, as required by law.
- 5) I agree not to allow the animal to be used for medical or experimental purposes.
- 6) I understand that ARF cannot guarantee the health, temperament or training of the above-described animal and hereby release Animal Rescue Foundation of LA, Inc.; from ALL LIABILITY once the animal is in my possession.
- 7) I understand that this is an ADOPTION from a non-profit organization, NOT A PURCHASE! If I return the dog at any time after the trial period, my money will not be refunded.  
\_\_\_\_\_ (Please initial)
- 8) I agree to notify ARF if I decide at any time that I can no longer keep said animal. ARF requires the pet be RETURNED so that we may re-home it. \_\_\_\_\_ (Please initial)

I have read the above statements and completely understand and accept the rights and obligations involved.

\_\_\_\_\_  
Signature of adopter (Print also)

\_\_\_\_\_  
Date

\_\_\_\_\_  
ARF Representative

Pd Cash  Check # \_\_\_\_\_  
Date \_\_\_\_\_



**ANIMAL RESCUE FOUNDATION of Louisiana**

Office: 337-332-4756 ~ Fax: 337-662-3957

[arfla.adoptions@gmail.com](mailto:arfla.adoptions@gmail.com) ~ [www.arfla.org](http://www.arfla.org)

**Adopter copy**

**CONTRACT FOR ADOPTION**

REMEDY FOR NON-COMPLIANCE: It is herein agreed that ARF, Inc. retains superior title in said animal limited to and for the express purpose of assuring the animal's well-being and that ARF will only exercise its superior claim in the event it appears to ARF that the proper and humane care as specified in the above adoption provisions is not being afforded said animal, in which case the animal may be seized through a Claim and Deliver proceeding.

Animal Rescue Foundation of LA  
P.O. Box 53501, Lafayette, LA 70505  
337-332-4756 or 337-278-1776  
[arfla.info@gmail.com](mailto:arfla.info@gmail.com) • [www.arfla.org](http://www.arfla.org)

- 1) I acknowledge receiving \_\_\_\_\_(name)  
Description \_\_\_\_\_
- 2) I agree to provide proper food, water, adequate shelter, and kind treatment to this pet at all times, as required by law. Dogs must not be crated or chained for extended periods!
- 3) I agree to take the pet to a veterinarian for yearly exams and vaccinations, *AS REQUIRED BY LAW*, and to procure immediate veterinary care should the animal become ill or injured. I agree to provide the dog with heartworm preventive medicine.
- 4) I agree to license the animal, as required by law.
- 5) I agree not to allow the animal to be used for medical or experimental purposes.
- 5) I understand that ARF cannot guarantee the health, temperament or training of the above-described animal and hereby release Animal Rescue Foundation of LA, Inc.; from ALL LIABILITY once the animal is in my possession.
- 7) I understand that this is an ADOPTION from a non-profit organization, NOT A PURCHASE! If I return the dog at any time after the trial period, my money will not be refunded.  
\_\_\_\_\_ (Please initial)
- 8) I agree to notify ARF if I decide at any time that I can no longer keep said animal. ARF requires the pet be RETURNED so that we may re-home it.

I have read the above statements and completely understand and accept the rights and obligations involved. \_\_\_\_\_Please initial

\_\_\_\_\_  
Signature of adopter (Print also)

\_\_\_\_\_  
Date

\_\_\_\_\_  
ARF Representative

Paid Cash  Check # \_\_\_\_\_  
Date \_\_\_\_\_