



# Dog Adoption Application

Please complete this application and return to:

Dog Adoption Coordinator

The Ark of San Juan

Post Office Box 117, San Juan Capistrano, CA 92693

Telephone: (949) 388-0034 • e-mail [dog@arkofsanjuan.org](mailto:dog@arkofsanjuan.org)

The Ark requires an adoption application, a home check, an adoption contract and an adoption fee of \$250 Adult Dogs - \$350 Puppies under 1 year

Date: \_\_\_\_\_ Name of Dog: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

How many are in your household? \_\_\_\_\_ If there are children, what are their ages? \_\_\_\_\_

Do you live in a: \_\_\_\_\_ House \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Mobile Home \_\_\_\_\_ Other

Do you: \_\_\_\_\_ own \_\_\_\_\_ rent

If you rent, do you have your landlord's permission to have a pet? \_\_\_\_\_

If you rent, may we contact your landlord? \_\_\_\_\_ Yes \_\_\_\_\_ No Name and Phone Number of your landlord: \_\_\_\_\_

If a volunteer from Ark requested a home visit prior to adoption, would that be acceptable to you? If not, please explain: \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_ Yes \_\_\_\_\_ No How high is the fence, if you have one? \_\_\_\_\_

What type of fencing is it? \_\_\_\_\_

Will this be an indoor animal, outdoor animal, or both? \_\_\_\_\_

When the dog is outdoors, is there sufficient shade in the yard for his or her comfort? \_\_\_\_\_

What outdoor shelter will be provided for cold and/or wet weather? \_\_\_\_\_

Do you currently have any other pets? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, how many, what species, breed, sex and age? \_\_\_\_\_

Are you aware of how to introduce a new dog to other pets in your household? \_\_\_\_\_

Have you previously had dogs as pets? \_\_\_\_\_ If so, what is their current disposition or history? \_\_\_\_\_  
\_\_\_\_\_

Are you or any of your family members in the household allergic to any animals? \_\_\_\_\_

How many hours a day will the dog typically be left alone? \_\_\_\_\_

Where will the dog be kept while he or she is alone? \_\_\_\_\_

When you travel, who will be responsible for the dog's care in your absence? \_\_\_\_\_  
\_\_\_\_\_

Where will the dog sleep at night? \_\_\_\_\_

Do you plan to license this dog? \_\_\_\_\_ Will he or she wear an identification collar? \_\_\_\_\_

Are you prepared to provide necessary veterinary care for this dog? \_\_\_\_\_

Do you currently have a veterinarian? \_\_\_\_\_ Who will be the veterinarian for the dog you wish to adopt? \_\_\_\_\_  
\_\_\_\_\_

What type of food do you intend to feed this dog? \_\_\_\_\_

How often will you exercise this dog? \_\_\_\_\_

What type of exercise will you provide? \_\_\_\_\_

Are you aware that dogs must be leashed when in public? \_\_\_\_\_

Do you intend to keep this dog on a leash whenever he or she is beyond the confines of your property,  
unless you are at a dog park where off-leash dogs are acceptable? \_\_\_\_\_

What type of control (collar, harness, leash) will you provide? \_\_\_\_\_

Are you prepared to provide appropriate obedience and behavioral training for this dog? \_\_\_\_\_

If you should move, what would happen to the dog? \_\_\_\_\_  
\_\_\_\_\_

If you should die before this dog, what provisions do you have for its care? \_\_\_\_\_  
\_\_\_\_\_

Are you aware that if the dog does not work out in your home, you may relinquish the dog back to The Ark and that  
if the dog is returned later than 2 weeks from the adoption date, your adoption fees will be considered a donation to  
The Ark of San Juan? \_\_\_\_\_

Why do you want a dog? \_\_\_\_\_  
\_\_\_\_\_

Why did you choose this particular dog? \_\_\_\_\_  
\_\_\_\_\_

**By signing below, I state that I have read and completed this form, and fully understand the  
responsibility of adopting this dog.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date