



Animal Rescue League of Okemah Adoption Application

ARLO, PO Box 214, Okemah OK 74859
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Please note: We reserve the right to refuse adoption to anyone. Please be advised that we will not adopt to persons who mislead or fail to provide accurate information on this application.

Date _____

Name of pet you are interested in adopting _____ Cat / Dog

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Driver's License # _____ St _____

Spouses Name _____

How long have you lived at your current address? _____

Do you live in a: HOUSE / DUPLEX / CONDO / APARTMENT / OTHER _____

Do you: OWN / RENT If rent, please provide the name and phone # of your landlord.

Landlord Name _____ Phone _____

Do you have a secure fenced yard? YES / NO Do you have shade trees? YES / NO

What type of fence? PRIVACY / CHAIN LINK / OTHER _____ Height of fence? _____

How many people live in the household? _____ Any children under 18? _____

If yes, how many and their ages? _____ Ages: _____

Names of those living in the house OVER the age of 18: _____

Does anyone in the home have allergies to animals? YES / NO

Occupation _____ Current Employer _____

What is your work schedule? _____

Average hours per day pet will be alone? _____ hours

Where will pet stay while you are away from home? _____

Will pet be: STRICTLY INDOOR INDOOR/OUTDOOR STRICTLY OUTDOOR

Type of shelter provided for animal if/when outdoors: _____

Current Pets: Please list all current pets.

Name	Breed	M/F	Spayed/Neutered	Vaccinated	Kept In/Out	Heartworm Prevention?
			YES / NO	YES / NO		YES / NO
			YES / NO	YES / NO		YES / NO
			YES / NO	YES / NO		YES / NO
			YES / NO	YES / NO		YES / NO

Have you ever turned a pet into a shelter? YES / NO Explain _____

Please list any previous pets and what happened to them:

Which veterinarian do you use regularly?

Name _____ Clinic Name _____

Address _____

City _____ St _____ Zip _____ Phone _____

Please provide two references, at least one not related to you.

1. Name _____ Phone _____

Address _____ City _____ St _____ Zip _____

2. Name _____ Phone _____

Address _____ City _____ St _____ Zip _____

Signature _____ **Date** _____

*Filling out this application does not mean you are automatically approved to adopt a pet. You will be contacted.

Application APPROVED _____ Date _____

Application DENIED _____ Date _____ Reason _____

ARLO Member: _____