Little Rock Animal Village

4500 Kramer Street Little Rock, AR 72204

Phone: 501-376-3067 - Fax: 501-376-7856

Email: troark@littlerock.org

Adoption Application

Date: _____

Animal Information: Staff will complete.		Entered in ASM	
Intake #:	Name:	Breed:	Color:
Canine: Feline:	Other:	_ Male: Female:	Baby: Young Adult: Adult:
Please print clearly:			
Name:		Age: Driver's Licens	se # & State:
Address:		City:	State: Zip:
Home Phone:	Cell: _		Work:
Email:	Em	ployer:	Occupation:
People in your househo	old: Adults:	Children under 7:	Children over 7:
Pets in your household: Dogs: Cats: Other Animals:			
Do you live in the City of Little Rock? Yes No			
If Yes, does your pet(s) have a city license? Yes No			
Have your pets been vaccinated for rabies? Yes No No			
Do you own or rent? House – Condo – Duplex – Multiplex – Apartment – Mobile Home (circle one)			
If you rent, are pets allowed? Yes No Is a security deposit required? Yes No If a security deposit is required for a pet, has it been paid? Yes No			
What is the purpose for the adoption? Personal Companion Guard Animal Alarm Animal Gift Pet for Elderly or Disabled: Other:			
Have you ever adopted from the Little Rock Animal Village in the past? Yes No If Yes, what was the date?			
Do you have the Financial Means and are you willing to provide food, shelter, medical treatment, vaccinations, city license, and companionship for your new pet? Yes No			
Will you provide Heartworm preventative for your animal? Yes No			
Do you agree a dog shall not be chained, tied, or staked to a fixed object? Yes \(\square \) No \(\square \)			
Do you object to confinement laws, requiring animals not be allowed to run loose? Yes No			
What behaviors would you not tolerate in your animal?			
Do you agree NOT to train, teach, or encourage aggressive behavior? Yes No			
Do you agree to refrain from abuse or treatment that is inhumane of your adopted animal? Yes			

Do you agree to perform proper grooming and brushing as needed to insure a healthy coat? Yes No
Do you agree that your adoptive dog will at all time wear a collar or harness with identification including a city license, if applicable? Yes No
State Law requires all animals adopted from the Little Rock Animal Village must be spayed or neutered. Do you object to this requirement? Yes No
Unsterilized Animals : If the animal you choose to adopt is too young or medically compromised and is released with a sterilization waiver, it is a requirement that the animal is returned to the Little Rock Animal Village by its fourth month of age or when it is no longer at risk. This waiver is a release to go home but not a release of ownership. The animal will be property of the City of Little Rock until it is spayed or neutered. When the appointment is scheduled, staff has committed its day to the sterilization of the animal and if the animal does not come in on the date scheduled without prior (5 days) notice, an additional \$45.00 will have to be paid because of the loss of time. Failure to bring the animal in for its sterilization will result in a citation and seizure warrant retrieving the animal.
Do you understand and agree with the statement of sterilization above? Yes No No
I agree with the contract to return the dog on the date given for sterilization (Initial)
How or from whom did you find out about the Little Rock Animal Village?
Do you know about the volunteer opportunities at the Little Rock Animal Village? Yes \(\text{No} \) Would you like to be contacted or emailed about volunteer opportunities at the Little Rock Animal Village? Yes \(\text{No} \) No \(\text{No} \)
Do you agree that if in the future you cannot provide the animal with the proper care that you will return it to the Little Rock Animal Services? Yes No
General Agreement:
In signing the below, I understand and agree to the following items:
• I authorize Little Rock Animal Services to seize this animal if I fail to have the animal sterilized in the date set. (If applicable)
• I agree to provide my animal with a proper house, a healthy supply of food, and fresh water at all times.
I understand failure to provide the appropriate answers could result in the adoption being denied.
I certify that the information I have given on this Adoption Application is true and correct. I am not less than eighteen (18) years of age. I have read and fully understand the conditions of the adoption application. If the Little Rock Animal Services' staff approves me to adopt an animal, I agree to all the conditions set out in this document.
Print Name Signature Date