

# Little Rock Animal Services

## Adoption Application

Little Rock Animal Services  
4500 South Kramer Street  
Little Rock, AR 72204  
Office: (501) 376-3067  
Fax: (501) 376-7856

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Office) \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

People in your household: 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 \_\_\_\_\_

Have your pets been vaccinated for rabies? Yes \_\_\_\_\_ No \_\_\_\_\_

If you live in the City of Little Rock, do your pets have a City license? Yes \_\_\_\_\_ No \_\_\_\_\_

Which of the following do you reside: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Duplex \_\_\_\_\_ Triplex \_\_\_\_\_

Do you own or rent you home? Own \_\_\_\_\_ Rent \_\_\_\_\_

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 your adoption? Personal Companion \_\_\_\_\_ Guard Animal \_\_\_\_\_

Alarm Animal \_\_\_\_\_ Gift \_\_\_\_\_ Pet for Elderly or Disabled \_\_\_\_\_ Other \_\_\_\_\_

Have you ever adopted from Little Rock Animal Services in past? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have what was the date? \_\_\_\_\_

How, or from whom, did you find out about Little Rock Animal Village? \_\_\_\_\_

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Do you have the financial means and are you willing to provide food, shelter, medical treatment, vaccinations, City license and companionship to your new pet? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you know about the volunteer opportunities at the Little Rock Animal Village? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you provide heartworm prevention for your animal? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you object to confinement laws, requiring animals not be allowed to run loose? Yes \_\_\_\_\_ No \_\_\_\_\_

State law requires all animals adopted from Little Rock Animal Services must be spayed or neutered. Do you object to this requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

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 Little Rock Animal Services 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. The appointment is scheduled and staff a 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 it sterilization will result in a citation and a seizure warrant to retrieve the animal.

Do you understand and agree with the statement of sterilization above? Yes \_\_\_\_\_ No \_\_\_\_\_

I agree with the contract to return the dog on the date given for sterilization. \_\_\_\_\_ (int)

Do you agree a dog shall not be chained (tied or staked to a fixed object)? 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 our treatment that is inhumane of your adopted animal? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you agree to properly 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 color or harness with identification including a city license if applicable? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you agree that if in the future you cannot provide the animal with the proper care that you will return it to 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 on the date set. (If Applicable)
- I agree to provide my animal with a proper house, a healthy supply of food, 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 Village Staff to adopt an animal approves me, I agree to all the conditions set out in this document.

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Printed Name

Signature

Date

### Animal Information

Intake #: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Canine: \_\_\_\_ Feline: \_\_\_\_ Other: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ Adult \_\_\_\_ Puppy/Kitten \_\_\_\_