224 N. Chestnut Trinidad, CO 81082 (719)680-2385 www.NoahsArkTrinidad.org



Intake ID#	
Staff:	

Please Print

Date:	Adopter Name:		
Address:			
City:	St	ate:	Zip:
Home Phone: ()		Cell Phone: ()
Email Address:			
	 You must be at least 18 years old Have consent from all of the adults I Have the landlord's consent to bring And understand that Noah's Ark has 	the pet onto the pro	pperty
Cats: Altered? Dogs: Altered?	rrently have in your household? Yes No Ages: Yes No Ages: Breeds	S:	Ages:
	pet from Noah's Ark? Yes No If yes, w		
	pet nontrivoan's Ark! Tes No II yes, w		
Have you ever surrendered	ed a pet to Noah's Ark? Yes No If yes,	why?	
What is your housing situa	ation? Own Rent House Apartr	nent Farm Mo	obile Home Condo
If you rent, do you have pe	ermission to have a pet? Yes No		
	in the next six months? Yes No n doing with your pet?		
Are there children living in	the household? Yes No If yes, what	are their ages?	
	ehold have any animal allergies? Yes N manage this issue?		
Where will the pet be kept	? Indoors Outdoors Both		
How will you keep this pet	t on your property? Indoors Only Ke On A Leas	ennel Fenced Y sh	′ard Invisible Fence A Tie Out
. •	nsition from the shelter to a new home rate behavior training. Information regardable or accurate.	•	, , ,
By sig	gning below, I certify that the information I h	ave given is accura	te and complete.
Signature:			Date: