

ADOPTION APPLICATION
PAWS = Precious Animals Worth Saving

Please complete the following application and return it to us, via email. Once received, references will be checked, and you will be notified of an approval status.

If you have any questions or concerns regarding this application or the pet you are interested in, please include them at the bottom of the application.

PAWS' purpose is to place each animal in a responsible home where it will receive veterinary care when needed and where it will be controlled so as not to become a free-roaming animal or add to the surplus of animals already in the area.

To ensure these ends, we have formulated this application to assist in the careful selection of home placements for our adoptable pets. Only those persons who are adults (18 or older) and who obtain satisfactory application approval will be eligible to adopt a pet.

Additional information other than this application may be required on an individual basis.

PLEASE NOTE: PAWS RESERVES THE RIGHT TO REFUSE ANY ADOPTION.

Name of Pet you are interested in adopting: _____

Today's Date: _____

NAME OF APPLICANT: _____

ARE YOU OVER 18 YEARS OF AGE? _____

HOME PHONE NUMBER: _____

CELL / OTHER PHONE NUMBER: _____

ADDRESS: _____

CITY / STATE / ZIP CODE: _____

Email address, if applicable: _____

1) Is this pet going to be a gift? _____

IF YES, name/phone # of person who will be responsible for pet:

2) Is anyone in the family/house allergic to animals? _____

3) Do all family/house members agree to this adoption? _____

4) Are there children in the household? _____

IF YES, ages of children in the household: _____

5) Are you financially able to care for this pet? _____

6) Is your home: OWNED or RENTED?

IF RENTED, name/phone # of landlord: _____
[Your landlord will be contacted to verify that it is okay for you to have a pet.]

7) Where will this pet be spending most of its time? INDOORS or OUTDOORS

IF OUTDOORS, what shelter will you provide? _____

8) Does your home have a fenced in yard? _____

IF NO, how will you keep the animal from roaming: _____

9) Do you have any pets right now? _____

IF YES, how many, and what breeds? _____

PROVIDE THE NAME, CITY, STATE & PHONE # OF YOUR VETERINARIAN(S) WHO HAS CARED FOR PAST PET(S) AND/OR YOUR CURRENT PET(S):

[Veterinary references will be contacted regarding the healthcare provided for past / current pets.]

Under what person's name will the vet information be listed?

PERSONAL REFERENCES

(people who can attest to the fact that you would be a good pet owner)

NAME: _____

PHONE NUMBER: _____

NAME: _____

PHONE NUMBER: _____