Paws For Life
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CANINE ADOPTION APPLICATION

PLEASE GIVE CAREFUL CONSIDERATION TO ADOPTING! BE SURE YOUR LIFESTYLE ALLOWS THE TIME, PATIENCE AND EXPENSE THIS PET WILL NEED. ADDING A PET TO YOUR FAMILY IS A 10 TO 15 YEAR COMMITMENT. ADOPTION FEE PAYABLE TO PAWS FOR LIFE IN THE FORM OF MONEY ORDER, CASH, OR CREDIT CARD. CHECKS ARE NOT ACCEPTED FOR ADOPTIONS.

APPLICANTS INFORMATION

(please print clearly and answer all questions)

Applicants Full Name		**Are you over 18?**
Co-Applicant's Full Name		**Relationship to Applicant**
Street Address, City, State, Zip		
Home Phone	**Cell Phone**	**Email**

CANINE INFORMATION

Name of Dog you are applying for?	**Breed**
Why do you want to adopt a Dog? ☐ Family Pet ☐ Companion ☐ Protection ☐ Gift ☐ Other	
If Gift, Protection or Other please explain.	
What are you looking for in a Dog?	
Age: ☐ 2 – 6 Months ☐ 6 – 12 Months ☐ 1 – 6 Years ☐ 7 Years +	**Sex:** ☐ Male ☐ Female ☐ No Preference
Coat: ☐ Short ☐ Medium ☐ Long ☐ No Preference	**Color Preference:**
Personality: ☐ Playful ☐ Calm ☐ Shy ☐ Affectionate ☐ Likes Dogs ☐ Likes Cats ☐ Likes Kids	
Health Preference? ☐ Healthy Only ☐ Short Term Problems ☐ Special Needs ☐ No Preference	
Where will the Dog live / sleep? ☐ Indoors ☐ Outdoors ☐ Inside and Outside (***Please explain further below)***	
Are you willing to take the time to housebreak a dog, and do you understand that changing a dog's living environment may cause the dog to have accidents? ☐ Yes ☐ No	
If you are applying for a puppy or dog that is not house trained, how will you housetrain?	
If behavioral issues should arise, what actions will you take?	
How will you exercise the new dog?	
How many hours will the dog be left alone: Daytime?	**Evening?**
When no one is home or during traveling where will the dog stay?	

If you must move, what will you do with your new Dog?	
Have you ever been cited for any dog related Ordinances? ☐ Yes ☐ No	**If yes, please explain.**
Does your town or city have any Breed Restrictions?	☐ Yes ☐ No
If Yes, what are they?	
Do you agree the dog will NOT be used for fighting, breeding, illegal activities or be found at any time in a location where its presence is illegal? ☐ Yes ☐ No	
Have all household members met and agreed on a new Dog? ☐ Yes ☐ No	

What reasons do you feel are valid for giving up a pet? Check all that apply.

☐ Fleas ☐ Shedding ☐ Expenses ☐ Noisy ☐ Chewing/Clawing ☐ Destructive ☐ Bites ☐ New Baby ☐ Moving

☐ Marriage / Divorce ☐ Doesn't Listen ☐ Pets Medical Condition ☐ Don't Have Time For The Animal ☐ Would not Consider

☐ Other *(please explain)*

PET AND VETERINARY HISTORY

Have you adopted from PAWS in the past? ☐ **Yes** ☐ **No** **If Yes, when?**

Have you ever had to give up ownership of a pet? ☐ Yes ☐ No

If Yes, please explain.

Do you currently have any pets? ☐ Yes ☐ No

If Yes, Please complete the information below.

	Pet 1	**Pet 2**	**Pet 3**
Pet's Name			
Type of Pet / Breed			
Sex / Age			
Spayed or Neutered			
UTD with Rabies			
UTD with other Vaccines			
Indoor or Outdoor			

Current Veterinarian's Name and Telephone number?

Name of person on file with the Vet?

Name and Contact info for Veterinarian you will use for your new pet?

Is your Residence: ☐ House ☐ Condo ☐ Apartment ☐ Mobile Home ☐ Duplex ☐ Other *(explain)*			
If you live in a Condo or Rent – Does the Association or Landlord have Breed or Size Restrictions? ☐ Yes ☐ No ☐ Not Sure			
If yes, please explain.			
Do you: ☐ Own ☐ Rent ☐ Live w/Parents ☐ Live w/Friends ☐ Other *(explain)*			
If you live with Parents, Friends, or Rent – Do you have permission to have a Dog? ☐ Yes ☐ No			
If you Rent, please provide the Name & Telephone number of the Landlord.			
Landlord Name		**Telephone**	
How long at your current residence?			
Is your Yard Fenced in? ☐ Yes ☐ No **If Yes, type and height?**			
Any Holes or Gaps in the Fence? ☐ Yes ☐ No **If yes, please explain.**			
Do you have Tie-Outs? ☐ Yes ☐ No		**Do you have Overhead Runs?** ☐ Yes ☐ No	
Do you have a Dog/Cat Door? ☐ Yes ☐ No			
Number of Adults in the household?		**Number of Children in the household?**	
Please list all members living in the household.			
Name	**Age**	**Name**	**Age**
Name	**Age**	**Name**	**Age**
Name	**Age**	**Name**	**Age**

AGREEMENT AND SIGNATURE

By signing this application, I attest that the information provided is true and accurate and understand false information will result in denial of adoption. Also, if an omission or untruth is discovered after an adoption takes place, PAWS for Life reserves the right to annul the adoption and reclaim the animal. While PAWS makes every effort to ensure that all animals available for adoption are healthy, it is possible that any animal may have an underlying health issue unknown to PAWS or our veterinarian. I hereby authorize the PAWS for Life to receive information from Veterinarians and others listed on this application.

Signature:	**Date:**

All Adopted Canines MUST leave the Shelter on a Leash

If for any reason you or your new canine are unhappy after the adoption, we ask that you wait at least 48 hours before returning the animal. If your canine is having trouble adapting to your home please call us with any questions.

PAWS USE ONLY	
Date Application Received:	
Shelter Name & ID of Canine:	
Received By:	
Date Adopted:	
Medical Records Given:	
Microchip:	
Approved By:	
Denied By:	
Reason For Denial : **(Explain further in the comments section.)**	
Receipt # and Amount:	
Medical Records need to be mailed:	
Adoption Agreement Signed:	
Assessor/Landlord Verified?	

Other Comments/Concerns: