

PAWS Shelter and Humane Society

DOG ADOPTION APPLICATION

Dog	Date	Location	Staff
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Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Currently employed? _____

Driver's License No. _____ State _____ 21 or older? _____

How did you hear about PAWS Shelter and Humane Society? _____

How long have you lived at your current address? _____ Do you plan to move soon? _____

Do you own? _____ Rent? _____ Live with relatives? _____

Type of residence? Apartment / Condo / House / Duplex / Farm / Other: _____

If you rent, landlord's name _____ Phone _____

Pet Deposit Amount _____ Breed, Weight, or Age Restrictions? _____

Ages of all other household members under 21? _____

Is everyone in the household aware and supportive of this adoption? _____

Have you ever had to surrender an animal? If yes, please explain. _____

Do any members of your household have pet allergies? If yes, explain. _____

Does anyone in your household smoke? _____ Indoors or outdoors? _____

Have you ever had to reclaim a pet from a pound or shelter? If yes, explain. _____

Have you owned a dog before? _____ Please rate your experience with dogs from 1 to 10. _____

What do you expect to spend on this dog each year? \$50-\$100 / \$100-\$200 / \$200-\$400 / \$600+
Have you ever allowed any of your pets to breed? If yes, explain? _____

Please list all pets you currently own.

Pet's Name/Type	Sex	Altered	Age	Indoors/Outdoors	Current on Vaccines	Time Owned
	M / F	Yes / No		In / Out / Both	Yes / No	
	M / F	Yes / No		In / Out / Both	Yes / No	
	M / F	Yes / No		In / Out / Both	Yes / No	
	M / F	Yes / No		In / Out / Both	Yes / No	

Were past or are current pets on heartworm preventative? If yes, what brand? _____

Current Veterinarian _____ Phone _____

Please list all past pets you have had in the past 10 years and the reason you no longer have them (died of old age, euthanized, gave away, ran away, hit by car, etc.).

Type of Pet	Reason You No Longer Have Pet	Time Owned

Where will this dog be when you are at home? _____

Where will this dog be when you are away from home? _____

Where will this dog stay when you are sleeping at night? _____

Where will this dog stay when you are out of town? _____

Do you have a fenced yard? _____ What type of fence? _____ Height? _____

When outside how will your pet be contained? Fence / Trolley / Invisible Fence / Stake in Ground / Dog Run / Other: _____

How many hours will this animal be left alone each day? _____

When driving, this dog will be transported in: Crate in Car / Back Seat / Pick-Up Truck Bed / Lap / Other: _____

What daily/weekly activities do you plan to engage the dog? Circle all that apply.

Walking/Running Playing/Fetch Obedience Training Dog Park Car Ride Doggie Day Care

What would happen to this animal if you moved? _____

Are you willing to work with the dog on the following issues? Circle all that apply.

Chewing / House-training / Shyness / Barking / Marking / Hyper-Activity / Digging / Aggression / Separation Anxiety / Basic Commands / Other: _____

What would happen to this animal if a family member became allergic to this pet? _____

What would happen to the animal in the event of your death? _____

How would you discipline the dog if it does something wrong? _____

Why do you wish to adopt a dog? Circle all that apply.

Pet/Friend / Hunting / Protection-Watch Dog / Companion For Other Pet / Running-Walking Partner /

Other: _____

Do you plan on taking your new dog to training classes? _____

What type of dog do you wish to adopt? Circle all that apply.

Calm / Fairly Active / Male / Female / Puppy / Adult / Quiet / Vocal / Protective / Lap dog

Content with daily walks / Content with a few walks a week / Very Active

Type of hair/coat _____ Size _____

Breed or General Type _____

Personality _____

Reasons you would return this dog. Circle all that apply.

House-training issues after 1-4 weeks / Chewing / Shyness / Family Allergies / Barking / Marking /

Hyper-Activity / Digging / Separation Anxiety / Aggression / Basic Commands / Other: _____

Please share any other information you want us to know in considering your application:

I certify that the above information is true and complete and that giving false information on this application is grounds for denial. I understand that PAWS Shelter and Humane Society reserves the right to deny an adoption request for any, or no, reason and that PAWS Shelter and Humane Society may choose not to reveal specific reasons. I hereby grant permission for the landlord and veterinary offices listed above to speak to an employee of PAWS Shelter and Humane Society to discuss information related to my ownership and care of pets.

Signature of Applicant _____