



FOR OFFICE USE ONLY

Date: _____ Staff: _____

Animal Name: _____ Species: _____

Approved: Yes No Pending _____

Reason: _____

PREFERENCES

This application does not guarantee the animal that you want but preferences may be taken into consideration to ensure the best match possible for both you and your new pet.

1. Which animal(s) are you most interested in applying for?

| Animal Name | Species |
|-------------|---|
| | <input type="checkbox"/> Dog <input type="checkbox"/> Cat |
| | <input type="checkbox"/> Dog <input type="checkbox"/> Cat |
| | <input type="checkbox"/> Dog <input type="checkbox"/> Cat |

2. What is the ideal personality you are looking for in your new pet? (Check all that apply)

- Calm Couch Potato Active Good with Kids
- Good with Cats Good with Dogs Obedient
- Playful Other: _____

CONTACT INFORMATION

Name: _____ DOB: _____

Address: _____

City: _____ State: _____

County: _____ ZIP: _____

Primary Phone: _____

Secondary Phone: _____

E-Mail: _____

HOUSEHOLD INFORMATION

1. What is your current living arrangement? (Check One)

- Rent Own Live with Friends/Relatives

2. If renting, provide landlord and roommate information:

| Landlord Name | Landlord Phone |
|---------------|----------------|
| | |

| Roommate Name | Roommate Phone |
|---------------|----------------|
| | |
| | |

3. Please list all members of your household below:

| Name | Age |
|------|-----|
| | |
| | |
| | |

4. If there are children in your household, how do they typically act around animals? (Check all that apply)

- No Children No Experience with Animals
- Respectful Playful Rowdy
- Other: _____

5. What is your household's general noise/activity level?

- Quiet/Calm Average Loud/Busy/Active

6. Does anyone in your household have allergies to pets?

- Yes No Unsure

7. Where will your new pet sleep?

- With Us In Their Own Bed
- Crate Outside Sheltered Outside Unsheltered
- Other: _____

8. How often will your pet be left home alone?

- Never Occasionally Often Very Often

9. How many hours per day will your pet be left alone?

- 0 1-2 3-5 6-7 8+

10. What will you do with your new pet when you go on vacation?

- At Home with Care At Home Alone Boarding
- On Vacation with Us Other: _____

11. What kind of yard do you have? (Check all that apply)

- Fenced Underground Fenced No Fence
- Dog Run Other: _____

(Application Continued on Next Page)



| | |
|---|----------------|
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| Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending _____ | |
| Reason: _____ | |

EMPLOYMENT INFORMATION

1. What is your current employment status? (Check One)

- Full-Time Part-Time Self-Employed Unemployed

2. If employed, please provide information on your employer:

| Employer Name | Employer Phone |
|---------------|----------------|
| | |

3. Who will be financially responsible for your new pet? (Check all that apply)

- Me My Partner A Parent/Relative A Friend

PET OWNERSHIP EXPERIENCE

1. List all animals you have had in the past 5 years:

| Pet Name | Currently in Home? | Up to Date on Vaccinations? |
|----------|--|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are your current or past dogs registered in your town? (This is required to be approved for adoption)

| City/Town | Licensed/Registered? |
|-----------|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |

3. If you are adopting a cat, do you plan to declaw the cat?

- Yes No Unsure

4. What veterinarian are you or did you use? (We will be calling so please call ahead to get permission for PAWS to obtain vet records)

| Veterinarian Name | Veterinarian Phone |
|-------------------|--------------------|
| | |

5. What is the energy level of your current animals?

- Calm Average Very Active

6. How will your new pet get exercise? (Check all that apply)

- Time Outdoors Leashed Walks
 Unleashed Walks Indoor Play Paid Services/Daycare
 Other: _____

7. Have you ever housebroken a new dog/puppy before?

- Yes No

8. Have you ever crate trained a new dog/puppy before?

- Yes No

9. Many shelter animals take awhile to feel comfortable in a new home. It can take anywhere from a few days, weeks, or even months to show their true selves. Are you willing to work through new pet issues, if any?

- Yes No

10. Do you understand a pet can be an 18 year commitment and cost \$300 - \$2,000 or more annually?

- Yes No

11. Under what circumstances would you give up/surrender your new pet to an animal shelter or friend?

- Biting Behavioral Issues
 Not House Trained Too Expensive Moving
 Other: _____

12. What will you do if your new pet has bathroom accidents?

- Discipline Not Discipline Put Them Outside
 Training Unsure
 Other: _____

13. What would you like to learn more about?

- Positive Reinforcement Training Litter Box Training
 Crate Training Obedience Training Medical Questions
 Other: _____