



# Dog Adoption Application

Welcome to PAWS' adoption program. We request the following information so that we can assist you in the selection of a new dog. This form and a consultation with a PAWS representative are designed to help you find the dog most compatible with your lifestyle. Please mail this form to PAWS, P.O. Box 855, Camp Hill, PA 17001, OR return this form to a local PetSmart Adoption Center. **ALL INFORMATION ON THIS FORM MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED. COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ADOPTION.** Processing takes 3-5 business days.

**To be considered as an adopter, you must:**

- Be 21 years of age or older
- Have identification showing your present address
- Have the knowledge and written consent of your landlord
- Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care for a pet.

Name of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_ Best time to reach you \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

How long have you live at this address? \_\_\_\_\_

Do you live in a  house  apartment  duplex  condo  townhouse  mobile home ?

Do you  own or  rent ? Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

Describe in detail the dog you're looking for \_\_\_\_\_

Are you currently employed?  Yes  No Employer's Name \_\_\_\_\_

How many adults \_\_\_\_\_ children \_\_\_\_\_ ages \_\_\_\_\_ in your household?

Who will be primarily responsible for the animal's care? \_\_\_\_\_

Who will care for the dog when you go on vacation or go out of town? \_\_\_\_\_

If you move, what will you do with the dog? \_\_\_\_\_

How many pets do you currently have? \_\_\_\_\_ Please list below what type and ages (that is, dog, cat, etc.)

Type of Animal	Name	Age	Sex	Spayed/Neutered	Indoor/Outdoor
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both

Are your pets current on vaccinations?  Yes  No  don't know

Would this be your first dog?  Yes  No

If you have other pets will they (or it) adjust to a new pet entering the household?  Yes  No  don't know

Was your last dog obedience trained?  Yes  No

Would you be able and willing to exercise the dog on a regular basis?  Yes  No Method: \_\_\_\_\_

Please list below your Veterinarian(s) for current and past owned pets:

Veterinarian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_ Phone \_\_\_\_\_

What kind of pets have you had in the past?

Type of Animal	Name	Age	Sex	Spayed/Neutered	Indoor/Outdoor
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both

What happened to the pets you no longer have? \_\_\_\_\_

Where will this dog be kept during the day?  Indoors  Outdoors  Indoors/Outdoors  Garage  
in the evening?  Indoors  Outdoors  Indoors/Outdoors  Garage

Where will the dog sleep?  Indoors  Outdoors  Garage

Will this dog have the run of the entire house?  Yes  No If only access to certain areas, please describe: \_\_\_\_\_  
\_\_\_\_\_

How long on average will the dog be alone (without humans) during the day? \_\_\_\_\_

Have you ever sold, given away or surrendered a pet to a shelter or rescue?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever had a pet euthanized?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have a completely fenced yard?  Yes  No What kind of fence? \_\_\_\_\_ Height? \_\_\_\_\_

Is there a gate?  Yes  No If not, explain: \_\_\_\_\_

Do you have a dog door?  Yes  No Are there times when the dog will be tied up?  Yes  No If yes, when? \_\_\_\_\_

Would you be able and willing to exercise the dog on a regular basis?  Yes  No Method: \_\_\_\_\_

Do you know that dogs require yearly health examinations by a Veterinarian and updates on vaccinations against rabies and distemper?  Yes  No

If your adopted dog develops a serious illness, injury or health condition at some point in his/her life, are you prepared and willing to obtain necessary/appropriate medical care?  Yes  No

If your adopted dog develops a serious illness, injury or health condition that would require you to pay hundreds of dollars to obtain the proper medical care he/she needs, are you **financially able and willing** to do so?  Yes  No

Please list below two (2) personal references **who are not related to you, and do not reside with you:**

**Name of reference #1** \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Name of reference #2** \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Adopting an animals is a great responsibility. You will be sharing your life with this dog for possibly 15 to 20 years, who is totally dependent upon you for love, food, shelter, clean up, regular grooming and veterinary care. This involves a financial commitment of hundreds of dollars a year. Are you willing and able to make this life-long commitment to an animal?  Yes  No

**PLEASE READ AND SIGN THE FOLLOWING:**

I certify that all information in this application is true, and I understand that false information may void this application. I give permission to PAWS to contact my personal and Veterinarian(s) references. I understand it is PAWS, Inc. policy not to release an animal to an applicant until all references are checked and applicants are approved. I also understand that a home visit may be required, and by refusing a home visit, adoption will be denied. Based on the outcome of the approval process, PAWS, Inc. has the right to deny adoption to any applicant. I understand it is PAWS, Inc. goal to place animals into **permanent homes** with individuals who will provide them with love, care and safety for the animal's entire lifetime. **Thank you for your patience during the screening of applications.**

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_