



Paws of Piedmont Animal Rescue

Pet Adoption Application

Applicant Information *(Please Print)*

Name:			Date:		
Address:					
City:		State:		Zip:	
Telephone numbers: Home:		Work:		Cell:	
E-mail Address:			Date of Birth:		
Name of pet desired:					
Are you presently: <input type="checkbox"/> Employed		Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student	
Number of People in Household:			If children are in the household, please list ages:		
Are you or any member of your family allergic to pets: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Current housing location: <input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits					
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn					
If rental, are pets allowed?: <input type="checkbox"/> Yes <input type="checkbox"/> No			Complex name:		
Manager/Landlord:			Phone number:		
How long have you lived at this address?					
Type of street: <input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road					
Does your home have a fenced yard or fenced area on the property?					
If so, please give approximate dimensions of fenced area:			Is this fence attached to the house?		
Where will pet live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Both, Mostly inside <input type="checkbox"/> Both, Mostly outside					
Where will the pet spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside					
Will you allow the pet to run loose? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, where?		
How many hours per day will the pet be alone?			Where will the pet stay when left alone?		
Describe the activity level in your home:			<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, dogs barking) <input type="checkbox"/> Moderate (Normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests) <input type="checkbox"/> Other (specify)		
In the absence of the primary caregiver, who will care for the pet?					
Are you willing and able to pay the costs of caring for your new pet? <input type="checkbox"/> Yes <input type="checkbox"/> No This includes: Food, grooming, veterinary expenses (heartworm and flea & tick prevention, etc), boarding, etc.					
Are you willing to take responsibility if this pet acquires a serious illness? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you consider your pet a part of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Under what circumstance(s) would you consider re-homing your pet:					

Pet Information

Have you had pets in the last five years? Yes No **If yes, complete the following chart (if no, please tell us your experience(s) with dog(s) / cat(s))**

Name of Pet; Type of Pet	Years Owned	Spayed/Neutered	Inside/Outside	Where is Pet Now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	

Name of **current** vet clinic: _____ Phone: _____

Name of **past** vet clinic: _____ Phone: _____

*We **will** contact the veterinarian clinic(s) for a reference **before** you may be considered for adoption; **please give your vet authorization to release your information to us before you send back application.**

Are you aware that a pet is a lifelong commitment? Yes No

Two Personal References- non-family members

1 Name: _____ Relationship: _____

Phone: _____ Best time to contact: _____

2 Name: _____ Relationship: _____

Phone: _____ Best time to contact: _____

*We **may** contact the listed references **before** you may be considered for adoption.

I, _____, verify that the information recorded in this statement is valid and true.

Signature: _____

Additional Comments:

If you leave the vet ref blank – please tell us your dog/puppy/cat experiences so we can make sure we find you a good fit.



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Contact: Amy or Karen