



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 | |
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| | | <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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