

Adoption Application

Thank you so much for your interest in adopting our furry friends! With over 15 years of experience training dogs of all breeds, Pawsitive Possibilities Rescue, Inc. is a business owned by dog trainers and dog lovers. Our vision is to assist shelters in rescuing dogs and providing them with training, socialization, human interaction, and enrichment while promoting second chances. We work hard to make sure the dogs we care and provide for are equally cared for in their forever homes and this application helps us to learn more about you, the potential adopter. Please fill out the application completely and to the best of

| your ability. |
|---|
| Which dog(s) are you interested in adopting and making a part of your family? * |
| How did you hear about Pawsitive Possibilities Rescue, Inc. * |
| Personal Information |
| Name * |
| First Name Last Name |

| Address * | |
|-----------------------|------------------|
| Street Address | |
| Street Address Line 2 | |
| City | State / Province |
| Postal / Zip Code | |
| Email * | |
| example@example.com | |
| Primary Phone Numb | er * |
| Area Code | Phone Number |
| Secondary Phone Nu | mber * |
| Area Code | Phone Number |
| When is the best time | to reach you? * |

Jotform

| Male Female I prefer not to say | |
|---------------------------------------|--|
| Please provide the nan | ne, address, and phone number of your current place of employment. |
| Name * | |
| Address * | |
| Street Address | |
| Street Address Line 2 | |
| City | State / Province |
| Postal / Zip Code | |
| Phone Number * | |
| Area Code | Phone Number |
| How long have you b | een working there? * |

Gender

References

Please provide the names of three personal references. (Only one of your references can be a family member)

| Reference 1 | - Name * |
|--------------|--------------|
| First Name | Last Name |
| Phone Numb | er * |
| Area Code | Phone Number |
| Relationship | to you * |
| Reference 2 | - Name * |
| First Name | Last Name |
| Phone Numb | er * |
| Area Code | Phone Number |
| Relationship | to you * |

| Reference 3 - | Name * |
|---------------------|------------------------------|
| First Name | Last Name |
| Phone Numbe | r * |
| Area Code | Phone Number |
| Relationship to | o you * |
| Veterinarian I | Information & Animal History |
| Veterinarian * | |
| Address * | |
| Street Address | |
| Street Address Line | 2 |
| City | State / Province |
| Postal / Zip Code | |
| | |

| Phone Number * |
|---|
| Area Code Phone Number |
| Are your vet records listed under another name? If so, please provide us with the name your records are listed under. * |
| How long have you been using this vet? * |
| Is your address the same one on file at your veterinarian office? * Yes No |
| If no, please provide the address listed on file. * |
| If you are planning to use a new vet, please provide their name, address, and phone number. |
| Veterinarian |
| |
| |

| Address | |
|------------------------|--|
| Street Address | |
| Street Address Line 2 | |
| City | State / Province |
| Postal / Zip Code | |
| Phone Number | |
| Area Code | Phone Number |
| Do you have a contin | gency plan to pay for unexpected vet bills? |
| Yes No | |
| ***If you need a vet I | recommendation please let us know and we will assist you *** |
| | |

| What type(s) of pets do you own or have owned in the last ten years? * | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| Please list the name, type/breed, age, spay/neuter status, gender, & whether or not the pet is still alive for each pet. | |
| | |
| | |
| Household Information | |
| | |
| | |
| What type of residence do you live in? * | |
| | |
| | |
| How long have you lived at this residence? * | |
| | |
| | |
| Do you plan on moving in the near future? | |
| Yes | |
| No | |
| | |
| Do you own your home or rent? * | |
| Own | |
| Rent | |
| | |
| If you are renting, are you allowed to have pets? | |
| Yes | |
| No | |
| | |
| | |
| | |

| Name * | |
|------------------------------|---|
| First Name | Last Name |
| Phone Number | er * |
| Area Code | Phone Number |
| Do you have a Yes No | r fenced in yard? * |
| How high is th | ne fence? * |
| Is the fencing Yes No | the same height throughout the perimeter? * |
| What type of 1 | fencing do you have? * |
| Approximatel | y how large is the fenced in area? * |
| If you do not h Yes No | nave a fence, do you plan to install one? |

Please provide your landlord's contact information so we may verify that you are allowed to have a pet(s)

in your home.

| If you do not have a fence, how do you plan to have your new dog relieve and exercise itself? | |
|---|--|
| | |
| | |
| | |
| | |
| Is everyone in your household aware of your interest in adopting a dog? * | |
| Yes | |
| No | |
| Do they all agree? * | |
| Yes | |
| No | |
| Please provide the names of the adults in the home. * | |
| | |
| | |
| | |
| | |
| Please list all adults living in your household | |
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| Please provide the names of the children in the home and their ages. * |
|--|
| |
| Please list all children living in your household |
| Does anyone in your household have allergies, or may be allergic to dogs/cats? * |
| Yes No |
| Who are you adopting this dog for? * |
| Have you ever been denied from adopting an animal from another shelter/rescue? * |
| Yes No |
| If yes, please explain. |
| |
| |

| Has a member of your household been convicted of an animal welfare law violation such as neglect, cruelty, abandonment, or otherwise? * |
|---|
| Yes |
| No |
| Day to Day Care |
| On a regular day, how many hours will the dog be left alone? * |
| How many hours each day will you spend with your dog? * |
| How often will you exercise the dog and for approximately how long? * |
| What energy level would work with your lifestyle? * |
| Please describe your household. * |
| Are there regular visitors to your home (human or animal) that your new dog must be able to get along with? * |
| If yes, who would that be? |
| |

| Where will your dog be kept when it is left alone? (During the day, at night, and when no one is home, etc.) * |
|--|
| Where will your new dog be kept during the day when not left alone? * |
| Where will your new dog sleep? * |
| Will the dog be allowed on the furniture? * Yes No |
| How much training are you prepared to do with your new dog? * |
| If a behavioral problem arises, would you be willing to take the dog to obedience classes? * Yes No |
| Do you want a trainer recommendation? * |
| Yes |
| No |
| Are you willing to obtain an appropriately sized, open wire crate if recommended? * |
| Yes |
| No |
| Maybe |
| |

| Are you adopting this dog as: * |
|--|
| A companion |
| For therapy |
| As a service dog |
| |
| Do you have someone to care for your dog when you are on vacation? * |
| Yes |
| No |
| In the event you move in the near future, what will happen to your pet(s)? * |

In the event you are no longer able to care for the dog(s), what will happen to him/her? *

On behalf of Pawsitive Possibilities Rescue, Inc. we would like to thank you for your commitment to adopting a dog. Your commitment saves the life of the pet you adopt as well as helps save the life of others still waiting to find their forever homes.

I, the undersigned, agree to the following statements:

- Pawsitive Possibilities Rescue, Inc. has permission to verify any and all information provided on this application.
- False statements or omissions of any of the above information will result in an automatic refusal of adoption or confiscation of the animal.
- If at any point AFTER the adoption of this pet it has been discovered that any statements made to Pawsitive Possibilities Rescue, Inc. were false, we have the right to confiscate said pet from your home, making the adoption void.
- Pawsitive Possibilities Rescue, Inc. Has the right to refuse the adoption of any animal to any person.
- All adoption fees are non-refundable.
- I am financially capable of meeting all the needs of the animal(s) I am interested in adopting.

Date



Month Day Year

Age *

18-25

26-45

46-65

66+