



PAWS for Life Foundation Adoption Application

Date: _____ Animal(s) of Interest: _____

Personal contact information:

Last Name: _____ First Name: _____

Home Phone Number: (____) _____ Cell Number: (____) _____

Work Phone Number: (____) _____ Email: _____

Address: _____ City: _____ Postal Code: _____

If Rural, please provide 911 address or Legal Land description : _____
(e.g., 911 address= 56430 RGE RD 231, Sturgeon County OR Legal Land= N1/2, NE ¼ Sec 29 Twp 56 Rge 23 W4th)

Current Pets:

Have you ever had a pet(s): Yes No If yes, do they live with you: Yes No

If you have owned pets, but they no longer live with you please provide details:

If you currently have pet(s) living with the family please check all that apply:

- Dog Breed: _____ Sex Female Male Spayed/Neutered Yes No Age(s) _____
- Dog Breed: _____ Sex Female Male Spayed/Neutered Yes No Age(s) _____
- Cat Breed: _____ Sex Female Male Spayed/Neutered Yes No Age(s) _____
- Rabbit Small Animal (Gerbil etc) Other _____

Describe your current pet(s): **check all that apply**

- People friendly Kid friendly Cat friendly Dog friendly Outgoing Well Socialized
- Laidback Listens/Obedient Responsive Crate trained
- Shares food/treats/toys Hordes food/treats/toys Submissive Dominant
- Jealous Bossy Protective House trained Leash trained Good at off leash parks

Has your current pet been to any professional training classes? Yes No



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If yes, please provide details of classes: _____

Will you take any new pets to training classes: Yes No

What would you do if your dog has or develops a behavior problem? _____

Animal Search Requirements:

What type of pet are you looking for: 1st pet 2nd pet Personal Companion Pet Companion
 Other: _____

What age of pet are you looking for?
 Puppy (6wks to 6mths) Young (7mths to 1yr) Adult (2yrs to 5yrs) Mature (6years to senior)

What activity level are you looking for in a new pet?
 Lap Dog Couch Potato Walking companion Running companion
 Working dog (farm companion) Guard dog Other _____

Animal Lifestyle:

Where would the animal be when at home: Inside Outside Both

Under what circumstances would the animal be outside: (owner not home, owner eating supper, etc)

While outside would the animal be supervised: Yes No Sometimes

Please check all that apply to your situation:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Fenced yard – wood | <input type="checkbox"/> 4 foot high | <input type="checkbox"/> Dog run (details) _____ |
| <input type="checkbox"/> Fenced yard – chain link | <input type="checkbox"/> 5 foot high | <input type="checkbox"/> Insulated dog house |
| <input type="checkbox"/> Fenced yard – Invisible Fence | <input type="checkbox"/> 6 foot high | <input type="checkbox"/> Non-insulated dog house |
| <input type="checkbox"/> Fenced yard - other | <input type="checkbox"/> Other | Size of house _____ |

Provide details on size of yard: _____

What would you expect to spend per year on a pet: _____

What would you do with a pet if you go on vacation: _____

What would you do if you were unable to keep your pet (*consider accident or sickness as well*):

If you were forced to find a new residence, what would you do with your pet(s):

Personal Information:



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Do you Own or Rent Landlords Contact Info: _____

If renting, proof that pet(s) are allowed via copy of your rental agreement and/or a letter from landlord are required and must be included with this adoption application. If not included, this application will be deemed incomplete and will not be processed until such time as this documentation is provided.

Do you live in: APARTMENT CONDO HOUSE ACREAGE FARM

How close is the nearest main road or highway _____

Are all residents in agreement: Yes No

Who resides in the house (please provide ages for children under 18 years of age) _____

Age of Adopter: 18-24 25-30 31-35 35-40 41-45 46-50 50-60 60-80

Lifestyle Schedule:

Employed Type of work: _____ Schedule: _____

School School Schedule: _____

Background Investigation:

References

1. Vet: Name _____ Clinic _____ Phone Number _____

2. Non Family: Name _____ Phone Number _____

3. Non Family: Name _____ Phone Number _____

May we perform reference checks? : Yes No **If yes please authorize by signing:** _____

Security Check:

Have you ever been charged or convicted with any criminal offence relating to animals: Yes No

If yes please explain the circumstances. _____

Please tell us how you heard about us: _____

Please email your completed application to info@paws-rescue.com.

*Thank you for taking the time to fill out our application. Questions in this application are in place to provide us with the best information possible so that we can match animals with their forever homes. Information such as previous pets allows us to understand your experience with animals, thus, helping us find an animal that will best suit your lifestyle and experience. **Please ensure that all information is as detailed and as accurate as possible. Please also note that upon confirmation of receipt of your application, processing may take 10 to 14 days.***