

GATEWAY 4 PAWS

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ADOPTION APPLICATION/CONTRACT

PO Box 414
Maryville, IL 62062

Animals Name _____

ADOPTER INFORMATION

Name _____

Address _____ City _____ State _____

Phone# _____

Email address _____ Age _____

Have you ever received a pet-related citation or been fined for violating a pet-related law? _____

Have you or anyone in your household ever been convicted of cruelty or neglect? _____

Do you have any trips or vacations planned in the next 3 months? _____

Occupation _____ Employer _____

How long have you been at your current job? _____

Provide names, age and relationship of all household members.

Does anyone in the home smoke? _____

List all pets living in the home. Name, Breed and age

Are all pets vaccinated? ____ spayed/neutered? ____

Do you get yearly heartworm testing done? _____

Do you use heartworm preventative? _____

Are you current on heartworm prevention? _____

What do you use? _____ Where do you get it? _____

Is your home: home ____ apartment ____ condo ____ mobile home ____

Do you: own ____ rent ____ other ____ (please explain) _____

How long have you lived at this address? _____

If less than 2 years, what was your previous address and how long did you live there?

If you rent, do you have your landlord's permission to have a dog? _____
May we contact your landlord? _____ Landlords phone # _____

Do you have a doggie door? _____ Do you leave it open at all times? _____
Do you have a physical fenced yard? _____
How tall is the fence? _____ What type of fence? _____
If you do not have a fence, how do you plan to take your dog out safely?

How many hours per day will your pet spend:
In the house? _____ In the garage? _____ Outside? _____

Do you plan to keep your pet in an outside pen or on a stake tie out? _____
How many hours per day will your pet be without humans? _____
Where in the home will your pet be when humans leave? _____
Where will your pet sleep? _____

Who will care for your pet when you are away from home overnight?

Name of your Current or Past Veterinarian _____
Address of veterinarian _____
Phone # _____
How long have you been a client of this vet? _____
When was your last visit with your vet? _____ purpose? _____

Have you ever had a pet that is no longer with you? _____
If yes, please explain _____

Personal references who are familiar with your experience as a pet owner (please do not use more than 2 relatives)

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

Will you allow a member of Gateway 4 Paws to do a home visit? _____

Additional Comments:
