



Paws 2 The Walls Cafe

ADOPTION APPLICATION

Thank you for choosing adoption and for giving a rescued pet a loving forever home!



\$25 Application Fee due with application

Separate from the \$200 adoption fee

Full Name: _____ Date: _____
Address: _____ Apt/Unit: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Date of Birth: _____ Driver's License ID#: _____
Occupation: _____ Employer: _____
How Long Employed? _____ Work Phone: _____

2 HOUSING INFORMATION

Do you: ☐ Own ☐ Rent ☐ Other If renting, landlord's name & phone: _____
How long at current address? _____ May we contact your landlord? ☐ Yes ☐ No
Do you have a fenced yard? ☐ Yes ☐ No Fence Height: _____ ft.
Type of Home: ☐ House ☐ Townhome ☐ Apartment ☐ Condo ☐ Mobile Home ☐ Other _____
How many people live in your home? _____ Ages of children in the home: _____
Are all family members in agreement with adopting a pet? ☐ Yes ☐ No

3 ABOUT THE PET YOU ARE INTERESTED IN

Pet's Name (if known): _____ ☐ Dog ☐ Cat ☐ Other _____
Why do you want to adopt this pet? _____
What qualities are you looking for in a pet? _____

4 PET EXPERIENCE

Do you currently have pets? ☐ Yes ☐ No If yes, please list:

PET NAME	TYPE/BREED	AGE	SPAY/NEUTERED?	CURRENTLY UTD ON VACCINES?

Have you ever surrendered a pet? ☐ Yes ☐ No If yes, please explain: _____
Have you ever been unable to care for a pet? ☐ Yes ☐ No If yes, please explain: _____
Veterinarian's Name: _____ Phone: _____

5 PET CARE

Where will the pet primarily stay? ☐ Inside ☐ Outside ☐ Both ☐
Where will the pet sleep? ☐ Indoors ☐ In kennel ☐ Garage ☐ Doghouse ☐ Other ☐
How many hours will the pet be left alone on an average day? _____
Who will be responsible for the pet's care? _____
What will you feed the pet? _____
How will you provide exercise and mental stimulation? _____
What will you do if you can no longer keep this pet? _____

6 VETERINARY CARE

I understand this pet will need regular veterinary care.
If you are unable to afford care, what will you do? _____
Are you prepared to provide routine care, vaccinations, flea/tick prevention, and emergency care? ☐ Yes ☐ No

7 REFERENCES

Please provide two (2) personal references (not relatives):

NAME	RELATIONSHIP	PHONE NUMBER

Jacqueline
MOON
CEO & FOUNDER

Contact Me Today!

727-788-0223
paws2thewallscave@gmail.com
Serving our community with love & compassion

ADOPTION FEE

\$200

Includes:

- ✓ Application Fee
- ✓ Full Veterinary Exam
- ✓ Spay/Neuter
- ✓ Vaccinations (age appropriate)
- ✓ Deworming
- ✓ Flea & Tick Prevention
- ✓ Microchip
- ✓ Health Certificate (if required)

Your adoption fee helps us save more lives! Thank you!

ABOUT US

Paws 2 The Walls Cafe is a 501(c)(3) non-profit animal rescue dedicated to saving, rehabilitating, and rehoming dogs and cats in need.

We believe every paw deserves a chance at love and a forever home.



YOUR BUSINESS CARD



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Serving our community with love & compassion

PET FRIENDLY ADOPTIONS COMMUNITY EVENTS MAKING A DIFFERENCE

OFFICE USE ONLY

Application Received By: _____ Date: _____
Home Visit: ☐ Yes ☐ No Date: _____
Approved: ☐ Yes ☐ No Denied: ☐ Yes ☐ No
Adoption Fee: \$ _____ Paid: ☐ Yes ☐ No
Pet Adopted: _____
Adoption Date: _____
Notes: _____



Thank you for choosing adoption.
Together, we save lives!