

Adoption Application

Please complete entire application and email back to info@savepawsnj.org. Incomplete applications will not be considered.

Name (Print):			Street Address:					
City: State:				Zip:				
Home Phone:		Cell:			Work:			
Age:		Email:						
How did you hear ab	out us?							
Name/Color/Breed o	of the pet		Feline		e did you see the Pet?			
you're interested in:			Canine	Petco Pet	etValu			
				Other				
Do you currently live in a:	House		Apartment	Condo		Other (specify)		
Do you:	Rent		Own	Landlord's Name:	:	Landlord's Phone:		
Your current/past Veterinarian:		Veterinarian Town:			Veterinarian Phone:			
Who will be your Vet for this pet:		Veterinarian Town:			Veterinarian Phone:			
If you suddenly had t	to give up your	pet, w	hat will you d	0?				
What will you do wit	h your pets wh	nile on	vacation?					

If your new pet becomes seriously ill or injured and requires expensive veterinary care, what will you do?						
What will you do if the new pet doesn't get along with any other pets in the household?						
Are you ready to make a lifetime commitment to this pet for its entire life which could be upwards of 20 years?						
Have you ever surrendered a pet to If yes, please explain:						
	ever been convicted of Animal Cruelty	or crimes against animals?				
How many hours will this pet be left home alone?	Where will the pet be kept?	Primary responsible person?				
Where will this pet be kept during the day?	Where will this pet be kept at night?	If cat/kitten, will the pet be: Indoor only Indoor / outdoor				
Have you ever had a cat declawed? Yes No	Do you know there are other options to declawing?	Do you have any cats in the house with FELV/FIV? Yes No				
Is there anyone in your household with pet allergies? Yes No	If yes, what animals are they allergic t	:0?				
Please enter names of people in yo	uir household:					
Name	Age	Relationship				

Please enter nam	nes of people	in you	ur hou	seh	old:			
Name			Age				Relatio	nship
Please provide 3	references:							
Name:			Relati	ions	hip		Phone I	Number
1.					·			
2.								
3.								
		•						
Please provide in	formation fo	r all p	ast an	d cu	rrent pets:			
Name	Feline/	Age	Sex	Sp	ayed/	How long d	id you	What happened to
	Canine			Ne	utered	own?		this pet?
	<u> </u> Feline				Spayed			
	Canine				Neutered			
	<u> </u> Feline				Spayed			
	Canine				Neutered			
	<u> </u> Feline				Spayed			
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	Feline				Spayed			
	Canine			ĻĻ	Neutered			
	Feline				Spayed			
	Canine	1		1 1	Neutered			

Name (Print) Date Signature: Office Use Only Date application reviewed: Application Reviewed by: Date of Landlord approval: Date of Veterinarian Check: Date of Reference Check: Application approved by: Notes:	not adopt list. I also realize that th	nere are no refunds on adoption fee	es.			
Office Use Only Date application reviewed: Application Reviewed by: Date of Landlord approval: Date of Veterinarian Check: Date of Reference Check: Application approved by:	Name (Print)	Date	Date			
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Notes:	Date of Veterinarian Check:	Date of Reference Check:	Application approved by:			
Notes:						
	Notes:					

By signing below, I certify that the information I have provide is true and that any misrepresentation of facts may result in my losing adoption privileges with Saving All Paws North Jersey, Inc. and my being placed on a do