Paw It Forward Sanctuary

Non-Profit

Manteca, CA | www.pawitfwd.com

209-505-5505 pawitfwd@gmail.com

Our Mission

Rescuing dogs in need, providing them with care, love, and a second chance at a forever home.

DOG ADOPTION APPLICATION

Applicants must be 18 years of age or older to adopt.

Completion of this application does not guarantee adoption of a Paw It Forward Sanctuary dog.
Please fill out completely and truthfully. All information is confidential.

1. APPLICANT INFORMATION

PRIMARY APPLICANT

Full Name: _____

Age: _____ Date of Birth: _____

Driver's License #: _____

Email: _____

Phone: _____ Cell: _____

Street Address: _____

City: _____ State: _____ Zip: _____

How long at this address? _____

SECOND APPLICANT (If Applicable)

Full Name: _____

Age: _____ Date of Birth: _____

Driver's License #: _____

Email: _____

Phone: _____ Cell: _____

2. ABOUT THE DOG YOU ARE INTERESTED IN

Dog's Name (if known): _____

Do you own other dogs currently? ☐ Yes ☐ No

If yes, how many? _____

Why do you want to adopt this dog? _____

3. HOME INFORMATION

Do you own or rent your home? ☐ Own ☐ Rent

If you rent, may we contact your landlord? ☐ Yes ☐ No

Do you have written permission from your landlord? ☐ Yes ☐ No

Landlord/Owner Name: _____

Landlord/Owner Phone: _____

Do you have a completely fenced yard? ☐ Yes ☐ No

What size is your yard? _____

Type of fence: _____

Height of fence: _____

Is there a secure gate? ☐ Yes ☐ No

Do you have a dog door? ☐ Yes ☐ No

4. DAILY LIFE & CARE

- Where will the dog stay during the day and sleep at night?
- Describe what a typical day will look like for this dog.
- How will you exercise, train, and socialize your dog?
- If adopting a puppy, what is your plan for potty training?
- If your dog is not housebroken, what method will you use to train?
- Are there times the dog will be crated or left alone? ☐ Yes ☐ No
  If yes, please explain how often and for how long.
- How many hours will the dog typically be left alone?
- Does anyone in the home have allergies to dogs? ☐ Yes ☐ No
  If yes, please explain.

5. HEALTH & VETERINARY CARE

- Will you keep the dog up to date on vaccinations, preventatives, and regular veterinary care? ☐ Yes ☐ No
- Veterinarian Name: _____
- Clinic Name: _____
- City: _____ Phone: _____
- How much are you willing to spend on medical care for your dog?
  ☐ Up to $100 ☐ Up to $500 ☐ Up to $1,000 ☐ Up to $5,000 ☐ Whatever it takes
- What would you do if vet bills exceed the amount you selected above?
- What would you do if your dog developed behavioral or medical issues?
- Are you willing to have a volunteer from Paw It Forward Sanctuary visit your home as part of the adoption process? ☐ Yes ☐ No
- Are you willing to take responsibility for this dog for the next 10–15 years? ☐ Yes ☐ No
- If you become unable to care for this dog, what provisions will you make to ensure the dog is safe and cared for?
- If you move, will you take the dog with you? ☐ Yes ☐ No
  If no, please explain.
- Who will care for the dog if you travel or go on vacation?

6. REFERENCES

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

1.
Name: _____
Phone: _____
Relationship: _____
How long known? _____

2.
Name: _____
Phone: _____
Relationship: _____
How long known? _____

7. AGREEMENT

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that false information may result in the denial of my application or the return of the adopted dog.

Signature (Primary Applicant): _____ Date: _____

Signature (Second Applicant): _____ Date: _____

Thank you for your interest in adopting and for helping us save lives, Paula ❤️