



Paws Saving Paws Adoption Application

Applicants under the age of 21 and/or third party Applicants will NOT be considered.

Today's Date:

Name:

Address:

Home Phone:

Work Phone:

Cell Phone:

Email:

Age of Applicant

Occupation

Co-Applicant Name if applicable

Age of Co-Applicant if applicable

Co-Applicant's Occupation if applicable

Age of all other residents in the home

Do they or other family members live with or visit you? Yes No

Who is the dog primarily for? (Adult, Child, Elderly)

Does anyone in your household have allergies? Yes No

If Yes, to what allergens?

Please tell us a little about your lifestyle and your family including any special activities in which your dog would be included.

If you have any special requirements or requests for a dog, please let us know so that we can more carefully match a dog to your lifestyle.

Please tell us why you want a dog

**Is there a specific animal from our website that you are interested in? Yes
No**

If so, which one?

Why are you interested in this particular dog?

If you are not selected to adopt this particular dog, do you want Paws Saving Paws to evaluate your application for consideration of other dogs currently with the rescue or future rescue intakes? Yes No

Age Desired: Any / Specific Age / Young / Senior (8 yrs+)

Gender preference: Male Female No preference

**What size dogs are you interested in adopting (when full-grown)?
Small (25 lbs. and under)- Medium (26-60 lbs.)- Large (61-100 lbs.)- X-Large
(Over 100 pounds)**

Desired Activity Level: High Medium Calm

How soon are you looking to adopt? ASAP Next Few Months Not Sure Yet

Would you consider adopting a Heartworm positive dog? Yes No Maybe

Would you consider one with Special Needs? Such as one who requires medication for a permanent but controlled condition: Yes No

Would you consider adopting a bonded pair of dogs? Yes No Maybe

Do you own or rent? Own Rent

If you rent, please provide landlord's name and phone number:

Do you have the permission of your landlord to have a dog? If yes, up to what size?

Type of Dwelling? Single Family Home- Multi-Family Home- Townhouse- Apartment- Trailer Home- Military

How long have you lived at your current address?

Will the dog be allowed in the house? Yes No

How long daily will the dog be left alone (without humans)?

Where will the dog stay when you are away from the house?

Is your yard fenced? Yes No

Type of fence?

If you do not have a fence, will you install one?

Approximate size of dog's yard area:

Please list all current pets in the household (include names, species/breed, age):

Please list all prior pets you have owned in the past five years and explain what happened to them if you no longer have them. If deceased, please provide cause of death and age at death.

Are all your current dogs and/or cats spayed or neutered? Yes No N/A

**Are all your current pets up-to-date on vet recommended vaccinations? Yes
No N/A**

Are all your current dogs on Heartworm Preventative? Yes No N/A

What do you know about Heartworms?

**Where do you currently purchase Heartworm prevention from? If you don't
currently purchase it, would you and if so from where?**

**Have you ever or would you ever, elect to have cosmetic surgery performed
on a pet, such as ear cropping, tail docking, or cat declawing? If so, under
what circumstances?**

Have you ever sold a pet, given away a pet, or surrendered a pet to a shelter?

If yes, please specify why?

**Please provide the full name, address and phone number of your current
veterinarian:**

**Please identify all other veterinarians that you have used within the last five
years:**

Will your dog receive formal obedience training? Yes No

**Are you familiar with use of a dog crate to train your pet during your
absence/at night? Yes No**

In the event that issues arise as your young puppy/dog ages, are you prepared to confront the problem with assistance/a trainer before looking to surrender back to the rescue? Yes No

Allowed to run free without supervision? Yes No

Are you aware that dogs are active? Yes No

Who will care for, train and exercise the dog?

Does your immediate family share your interest in adopting a dog?

How much do you think it will cost you to care for your dog annually?

When you move, or evacuate due to a hurricane, what will you do with your dog?

Do you understand the state and local ordinances concerning licensing and/or leashing? Yes No

Have you, or any member of your family/household been cited for leash law violations or cruelty to animals in the past? Yes No

If YES, please specify

I have reviewed my application and certify that everything is accurate to my knowledge. I understand that if ANY information is found to be FALSE or INCOMPLETE at ANY time during the application process, my application will be DENIED without notification. Initials _____

I understand that all animals adopted through Paws Saving Paws are required to be spayed/neutered prior to adoption or at 6 months of age if adopted as a puppy. Initials _____

I understand there are NO EXCEPTIONS. Initials _____

I understand that Paws Saving Paws Adoption Coordinators may contact me via phone or email, further contact is NOT guaranteed, nor is placement of requested dog or any future dog. Initials _____

If your vet records are under an alternate name than the primary applicant on the application (spouse, maiden name, ex-spouse, parent, etc.) please list the name or names here.

If we cannot obtain vet records based on the information provided, your application will be declined without further notification.

I accept that the Paws Saving Paws Adoption Coordinators have the right to REFUSE my application for ANY REASON and WITHOUT notification and WITHOUT explanation. Initials _____

I agree to allow Paws Saving Paws Adoption Coordinators to obtain any pertinent information regarding my home situation and care of animals. This includes, but is not limited to, obtaining a vet reference from current/past veterinarians, and doing a home visit and inspection with the applicant and household members. Initials _____

You will be required to have an in-person home check or facetime home check done prior to application approval. I understand that ALL Household members, including children, must be present during the home check evaluation. Initials _____

What are the best days of week & times to schedule a home visit?

Other information you'd like us to consider: