



## PAWS Dog Application

**PLEASE PRINT CLEARLY**

**Date:** \_\_\_\_\_

Adopter Identification		
Name:	Email:	
Address:	City/State:	Zip:
Primary Phone:	Other Phone:	
Occupation:	Company Name:	
Drivers License:	State:	Date of Birth:

Current Pet Interest				
Name of dog you are currently interested in adopting:				
What type of pet are you looking for? <i>Circle all that apply below:</i>				
Companion	House Pet	Outdoor Pet	Guard Dog	Gift
If this pet is a gift, who is it for?			Do they know they are getting a pet as a gift? <b>Y</b> <b>N</b>	

Pet History	
Current Veterinarian/Clinic:	Phone:
If you have not used a Vet in the past three years, whom do you intend to use?	

**List the pet(s) currently in your home:**

Type of Animal	Name	Male/Female	Fixed Y/N	Inside/Outside	Age	Years Owned

**List pet(s) you have had in the past:**

Type of Animal	Name	Male/Female	Fixed Y/N	How Did You Get The Animal?	Years Owned	What Happened To The Animal?

Have any of your animals had litters of puppies or kittens? <b>Y</b> <b>N</b>	How many litters?
How many litters were intentional?	What happened to them?

Adoption Preparedness			
Do you: <b>Rent?</b> <b>Own?</b>	If renting: <b>Apt</b> <b>House</b> <b>Condo</b> <b>Duplex</b> <b>Mobile/Court</b>		
If renting are pets allowed? <b>Y</b> <b>N</b>	Landlord:	Phone:	
Does everyone in the household want and agree to adopt this pet? <b>Y</b> <b>N</b>		If no, who does not?	
Fenced yard? <b>Y</b> <b>N</b>	How high?	What type?	
If your yard is not fenced, how will you handle this pet's bathroom and exercise needs?			
Have you ever had a pet diagnosed with heartworms? <b>Y</b> <b>N</b>		Do you know about heartworm prevention? <b>Y</b> <b>N</b>	
Will you use heartworm prevention? <b>Y</b> <b>N</b>		What kind will you use?	



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Adoption Preparedness (cont.)		
Is anyone home during the day? <b>Y N</b>	If so, who?	Ages of children, if any:
<p><b>Frequently, adopted dogs and puppies are returned months or years later because the family didn't have enough time to properly care for or train the pet. This is devastating for the pet and often causes depression and health issues.</b></p> <p><b>If you are considering a dog or puppy, answer the following completely:</b></p>		
Do you have enough free time to spend with/train this pet?		
How will you housetrain this pet?		
What would happen if this pet developed behavior problems that you felt you could not handle?		
Puppies/Dogs cost Hundreds to Thousands per year. Are you financially prepared for pet ownership? (emergencies, food, shots, vet visits, shelter, grooming) <b>Y N</b>		
What will you do with this pet if you are no longer able to afford it?		
Are you aware that all pets need yearly vaccinations? <b>Y N</b>		
<b>ADOPTING A PUPPY?</b> Are you aware that most puppies require vet care immediately after adoption to finalize the 4 sets of puppy shots and rabies vaccination required to assure their health? <b>Y N</b>		
What will you do if this pet becomes sick or injured?		
How will this animal be cared for if you are gone for a week?		Where will this animal stay at night?
Does anyone in the household have animal allergies? <b>Y N</b>	Kind of allergy?	
Do you anticipate relocating within the next two years? <b>Y N</b>	If so, what will happen with this pet?	
Have you ever taken a pet to a shelter? <b>Y N</b>	If so, why?	
Are you willing to make a lifetime (12-18 year) commitment to caring for and loving this animal? <b>Y N</b>		
What circumstances would cause you to give up this pet?		
A member of PAWS may visit your home (without an appointment) after the adoption is final. Is that OK? <b>Y N</b>		
<b>REFERENCES:</b> List two references <b>unrelated to you</b> (name/title/phone)		

**RELEASE OF OWNERSHIP:**

*I hereby certify that the information on this application is true. I understand that should I adopt an animal from P.A.W.S., falsification of any information may result in my returning the animal to Plaquemines Animal Welfare Society.*

Signature:	Printed Name:	Date:
PAWS Representative Signature:	Printed Name:	Date:

APPROVED? **Y N**

ADOPTION PRICE: \_\_\_\_\_