



# PAWS

## Dog Adoption Application

Thank you for taking the time to fill out this application carefully and thoughtfully. We use this application as a starting point to match your lifestyle, needs and experience with the animals we know so well. We are committed to finding each P.A.W.S. animal the perfect match forever home.

Date:  Name of Dog

### PERSONAL INFORMATION:

Full Name

Address

City  Province  Postal Code

Phone Number  Email

### HOUSEHOLD DESCRIPTION:

Single Family Home  Townhouse  Condo/Apt/Suite  Farm

Other Info Regarding Home/Yard

Do you own your home?  YES  NO

If no, do you have your landlord's permission to keep a pet?  YES  NO

### LANDLORD'S INFORMATION:

Name  Phone Number

If your residence as STRATA, do bylaws allow pets?  YES  NO # of pets allowed

PAWS must obtain permission from landlord for application to be approved

Why do you want to adopt this animal? Please check all that apply:

Companion  Companion for other pet  Guard Dog  Working Dog  Hunting

Please list the members of your household:

# of Children  # of Adults

Please list Ages of Children

At what age do you feel children can be responsible for at pet without assistance?

Does anyone in your family suffer from allergies?  YES  NO

**TELL US ABOUT YOUR CURRENT & PAST PETS**

SPECIES	NAME	BREED	GENDER	SPAYED/ NEUTER	AGE	VACC. Up to Date	Current/Past

**\*\*PAWS has the right to disapprove an application if current pet older than 6 months old and not spayed/neutered**

**Please list each Veterinarian and Veterinary Clinic that has cared for your animals.**

Name of Clinic	Name of Veterinarian	Phone Number	Name under which records are listed

**DESCRIBE YOUR LIFESTYLE & CARE FOR THIS CAT**

How do you feel your current pets will adjust to new dog?

What are most important responsibilities in caring for dog?

How long have you been considering adopting a dog?

Where will the dog spend its DAY and NIGHT

How many hours a week will you spend exercising, training, grooming, playing etc.

Describe how you will keep this dog safe from any harm?

What hobbies/activities does your family enjoy doing?

How many hours on average will this dog spend alone?

Where will this dog stay while you are on vacation?

Please list the anticipated **ANNUAL** expenses involved in caring for this dog:

Veterinary  Food  Boarding  Supplies/Toys

Who will be the primary caregiver for this dog in your household?

What challenges do you expect?

**Which of the following scenarios would force you to have to surrender you pets?**

- Move where pets weren't allowed
- Divorce/Separation
- Barking/Training issues
- Marry someone with allergies
- Large Vet Bills
- Planning on having a baby
- Dog develops chronic illness
- Pets do not get along
- DOES NOT APPLY

**Have you ever had to surrender an animal to WAG/PAWS/SPCA or another rescue unit?**

- YES
- NO

If YES, please explain

Have you ever been charged for animal cruelty?

If YES, please explain

**Are you willing to allow PAWS to do a home visit by appointment?**

- YES
- NO

If NO, please explain

**REFERENCES (\*one must be employer)**

NAME	PHONE NUMBER	RELATIONSHIP TO YOU	COMPANY (for employment)

**SIGNATURE**

I certify that the above information is correct and reflects my true beliefs and intentions regarding caring for this dog. I understand any misrepresentation of the truth in this application will invalidate any subsequent adoption agreement and give PAWS the right to reclaim the cat. I understand that submission of application does NOT guarantee approval for adoption.

SIGNATURE

DATE

**PRIVACY AND PROTECTION OF PERSONAL INFORMATION**

The personal information collected on this application will be used solely to determine the applicant's suitability for adoption of a PAWS animals. By providing information on this application, you are voluntarily consenting to the collection and use of your personal information by PAWS. This information will not be used for any other purpose by PAWS without your written consent. This information will not be disclosed to any other organization. All information provided will be kept in such a manner to ensure confidentiality.

**FOR OFFICE USE:**

Date of Receipt

Application Approved?

PAWS Signature

If NO, Reason for Disapproval:

Applicant Informed Date