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www.pcbpawsandclaws.org

# DOG ADOPTION APPLICATION

Thank you for your interest in adopting! Please take your time filling out our application so we can get to know you better.

Dog's Name \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_ Employer: \_\_\_\_\_

I/We live in a: House \_\_\_\_\_ Condo \_\_\_\_\_ Mobile Home \_\_\_\_\_ Apartment \_\_\_\_\_ Other \_\_\_\_\_

I/We: Own \_\_\_\_\_ Rent \_\_\_\_\_ Live with Parents \_\_\_\_\_ Other \_\_\_\_\_

Landlord/Association Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Landlord and association verifications will be done as part of your adoption process. Proof of payment (or payment arrangement) of any required pet deposit must be provided before adoption can be completed.**

Are you a previous adopter at PCB Paws & Claws? \_\_\_\_\_ Are you a current member of PCB Paws & Claws? \_\_\_\_\_

What is your experience with dogs? First Pet \_\_\_\_\_ Second Pet \_\_\_\_\_ Three or more \_\_\_\_\_

Have you ever surrendered an animal to any organization? If yes when and why? \_\_\_\_\_

Have you or anyone in your household ever been cruel or abusive towards animals? \_\_\_\_\_

Have you or anyone in your household ever been convicted of animal abuse or cruelty? \_\_\_\_\_

I am adopting this pet for my: Self \_\_\_\_\_ Family/Child \_\_\_\_\_ Roommate \_\_\_\_\_ Other \_\_\_\_\_

How many adults are in your household? \_\_\_\_\_

Do all of the adults in the household know about your plans to adopt? Yes \_\_\_\_\_ No \_\_\_\_\_

How many children are in your household? \_\_\_\_\_ Please tell us their ages: \_\_\_\_\_

How many children visit regularly including children/stepchildren/grand children? \_\_\_\_\_ Their ages: \_\_\_\_\_

Have you or anyone in your household ever been convicted of animal abuse or neglect? \_\_\_\_\_

Who will be responsible for caring for this dog? \_\_\_\_\_

How long will this dog be left alone? \_\_\_\_\_

What type of training do you use (clicker, obedience classes, etc.)? \_\_\_\_\_

Are you familiar with crate training dogs? \_\_\_\_\_

Where will your pet be left alone? Crate \_\_\_\_\_ Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_ Porch \_\_\_\_\_ Garage \_\_\_\_\_

Do you have a fenced in yard? Yes \_\_\_\_\_ No \_\_\_\_\_ Dog Run \_\_\_\_\_

If no yard, explain how you plan on exercising the dog and letting them out for the bathroom. \_\_\_\_\_

Where will your pet sleep at night? \_\_\_\_\_

What will you do with your dog if you move or are deployed? \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Customer Name Account is Under: \_\_\_\_\_

**Please provide two individuals over the age of 18, other than family members, that we may contact as references.**

**Please let your references know that we will be contacting them.**

Reference Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Reference Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Please list the cats & dogs currently living in your home, use additional sheets if necessary.

<u>Type/Breed</u>	<u>Age</u>	<u>Sex</u>		<u>Spayed/</u>		<u>Owned</u>	<u>Heartworm &amp; Vaccinations</u>	
				<u>Neutered</u>			<u>How Long?</u>	<u>Up to Date?</u>
_____	_____	M	F	YES	NO	_____	YES	NO
_____	_____	M	F	YES	NO	_____	YES	NO
_____	_____	M	F	YES	NO	_____	YES	NO
_____	_____	M	F	YES	NO	_____	YES	NO
_____	_____	M	F	YES	NO	_____	YES	NO

Some of these dogs have been rescued after being abandoned by their previous owners. We would like to make sure your home is their final forever home. Please read the following carefully and initial each item. By signing the form below, you are agreeing to the adoption terms and authorizing us to contact your references, landlord, and veterinarian. If you have any questions about the following, please let us know.

- I am 18 years or older. Initial\_\_\_\_\_
- Paws & Claws only adopts out animals that are visibly healthy and ready for adoption. Any veterinary fees incurred after adoption are the responsibility of the pet owner. Initial\_\_\_\_\_
- I accept this dog as a lifelong companion. I agree to provide annual immunizations, medical care, food, water, affection, exercise, and shelter. Initial\_\_\_\_\_
- I give permission to use photos and/or this adoption story on the website and collateral material. Initial\_\_\_\_\_
- I give permission for PCB Paws & Claws to complete a home visit prior to and after adoption. Initial\_\_\_\_\_
- I give permission for PCB Paws & Claws to contact my veterinarian about my pet(s) history with them and give authorization for records to be released to PCB Paws & Claws. Initial\_\_\_\_\_
- If, for any reason, this adoption does not work out I agree to return my dog to PCB Paws & Claws. Initial\_\_\_\_\_
- I agree to spay/neuter my dog within 6 months if applicable: Month due: \_\_\_\_\_ Initial\_\_\_\_\_
- Do you need information regarding care/behavior concerns? Yes\_\_\_\_\_ No\_\_\_\_\_ Initial\_\_\_\_\_

**PLEASE READ AND SIGN**

I understand that my pet may live for 15 years and the annual cost of veterinary care and proper nutrition may cost up to \$1000.00 annually. I am willing to accept this responsibility. I certify that the information in this application is true and I understand any false information may void the application. I also understand that failure to comply with future requirements (e.g. vet check, licensing, sterilization, immunizations) and accepted standards of animal care could result in animal surrender and my inability to adopt other animals from PCB Paws & Claws. If for any reason my adoption does not work out I will return the adopted pet to PCB Paws & Claws. I understand that by adopting this animal, I release PCB Paws & Claws, Inc. from any liability or responsibility associated with any damages or mishaps that are or could be caused by this animal. I understand that this is a legally binding contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License # of Adopter: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**PCB PAWS & CLAWS RESERVES THE RIGHT TO REFUSE ADOPTIONS.**

**Staff Use Only:**

Previously Altered: Yes No Date of Surgery: \_\_\_\_\_  
 SPAY/NEUTER Due: JAN FEB MAR APR MAY JUNE JULY AUG SEP OCT NOV DEC  
 References, Landlord, & Vet Check By: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_  
 Home Visit Performed By: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_