



Pet You Are Interested In: \_\_\_\_\_

**Please check one**

**Adoption  
Foster-to-Adopt**

**Foster  
Doggy Date**

**Slumber Party**

PAWS PERSON ID#: P \_\_\_\_\_ (PAWS USE ONLY)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Employment & Address \_\_\_\_\_

Where Do You Live?    House    Apartment    Military Housing    W/ Parents    Other

If Renting or Residing with Parents, Please Provide Name of Landlord, Apartment, or Homeowners

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list ALL occupants of the home:

Name:	Age:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please List ALL Pets Owned Within the Last 5 Years:**

<u>Name</u>	<u>Type/Breed</u>	<u>Gender/Age</u>	<u>Housing Location</u>	<u>Currently in Home?</u>	<u>Remain(ed) Current on Vaccinations?</u>	<u>Time Owned</u>

**Name of Veterinarian Practice:** \_\_\_\_\_

Phone: \_\_\_\_\_ City/State: \_\_\_\_\_

**Who will be responsible for the daily care of the pet?** \_\_\_\_\_

**Have you ever had to rehome a pet? If so, please explain.** \_\_\_\_\_

**Is anyone in the home allergic to cats or dogs?** Yes No

**How many hours will your pet be left alone? \_\_\_\_\_ Spend outside each day? \_\_\_\_\_ Exercise? \_\_\_\_\_**

**Where will your pet be when you are not at home?**

Indoor/Outdoor (doggie door)    Inside Only    Crate    Run of the house    Yard  
 Specific Room \_\_\_\_\_    Other \_\_\_\_\_

**Do you have a fenced yard?** Yes No    **If yes, what type and how tall?** \_\_\_\_\_

**Are you familiar with crate training?** Yes No

**Under What Circumstances Would You Not Be Able to Keep Your New Pet:**

PREGNANCY/NEW BABY

NEW HOUSE/APARTMENT

RUINS FURNITURE

CONFLICTS WITH OTHER PETS

HOUSEBREAKING ISSUES

SPOUSE/CHILD ALLERGIES

NEEDS TOO MUCH ATTENTION

NEEDS SPECIAL DIET

OLD AGE

BEHAVIORAL PROBLEMS

DAILY TREATMENT

OTHER \_\_\_\_\_

EXPENSIVE VET BILLS

LITTER TRAINING ISSUES

\_\_\_\_\_

Any other topics you would like to discuss with a PAWS Counselor?

**Office Use Only**

Person ID Assigned

Happy Tails FB Page

Rabies Certification

Homeowner/Landlord Verification

Meet/Greets Completed

E-Collar/Pain Meds Explained

Behavior/Introduction Explained

Approved / Denied

Denial Reason: \_\_\_\_\_

Adoption Counselor Signature: \_\_\_\_\_

## Doggy Date/Slumber Party

Auto Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Name on Policy: \_\_\_\_\_ Phone #: \_\_\_\_\_

I WILL NOT take my doggy date to any off-leash areas. (Initial) \_\_\_\_\_

I WILL NOT bring my doggy date to any public dog parks. (Initial) \_\_\_\_\_

I WILL NOT bring my doggy date to any beach areas where they are not allowed. (Initial) \_\_\_\_\_

I WILL KEEP my doggy date in Okaloosa County. (Initial) \_\_\_\_\_

I WILL RETURN my doggy date, same day, no later than 4pm. (Initial) \_\_\_\_\_

I, \_\_\_\_\_ have completed the proper paperwork, have been informed of the policies in place for the Doggy Date Program and will follow them as directed.

PAWS Employee has informed above person of our policies, procedures and has provided the proper contact information in case of an emergency.

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

**\*Slumber Party only:** I am prepared to provide this dog/cat with indoor shelter, adequate food, water, attention and to make a commitment to care for this dog/cat during the program time