



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: _____



Foster/Foster-to-Adopt

Thank you for your interest in our Foster-to-Adopt program. Our policies do not allow an adopted pet to go to a permanent home until it has been spayed or neutered.

You agree that if the foster pet becomes ill, you will contact PAWS immediately. (Initial) _____

You agree to bring the foster in when it is ready to be spayed or neutered. (Initial) _____

You agree to abide by the Okaloosa County Leash Law and never allow the foster pet unattended outside, unleashed. (Initial) _____

All resident pets must be up-to-date on ALL vaccinations. Resident pets do run a risk of contracting contagious illness from foster pets. Please be aware that PAWS is unable to cover any medical costs incurred by exposure to the foster. (Initial) _____

All dogs in the care of PAWS are temperament tested prior to release, however PAWS does not guarantee the pet's behavior beyond what has been seen by our behavior analysts (Initial) _____

All pets placed in a Foster or Foster-to-Adopt program will have provide routine and emergency veterinary care through designated veterinarians, via PAWS. Unauthorized veterinary care is not permitted **EXCEPT** in cases of extreme emergency. Expenses resulting from unauthorized routine care will be the responsibility of the foster parent. (Initial) _____

I agree to **NOT** take my foster to a dog park or otherwise off-leash areas. (Initial) _____

I certify that all of the information I have provided on this application is true and complete to the best of my knowledge. Should a pet be placed with me, it will reside in my home as a pet. I agree to provide the dog or cat with adequate food, water, shelter, affection and medical care. As a foster parent for PAWS, I agree to abide by the PAWS policies and procedures. I understand that although PAWS takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animal's health, behavior or actions. I further agree foster pets must be returned to PAWS upon request.

Signature: _____ Date: _____

PAWS Employee Signature: _____ Date: _____