



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