



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: _____