



Needs to be spayed
Or neutered? Yes ~ No

Date _____

Initials _____

Pet Name: _____	Dog	Cat
Adoption Fee: _____	Puppy	Kitten
Employee/Volunteer Showing Pet/Conducting Introduction: _____		
PAWS Center	Mobile	PetSmart Other _____

Adoption Application (Please Print Clearly)

Name _____ Home Phone _____

Address _____ WK Phone _____

City _____ State _____ Zip Code _____ Cell Phone _____

Emergency Contact _____ Emergency Phone _____

Email _____

Drivers License # _____ DOB _____

Have you adopted from this shelter before? Yes No If yes, when? _____

Have you ever surrendered a pet to this or any other shelter? Yes No If yes, please explain _____

How did you hear about us (circle all that apply): PAWS Website Newspaper Petfinder Facebook

Radio PAWS Newsletter Friend/Referral Other: _____

Please Tell Us About Your Household

1. Housing: Own Home Own Condo Rent Apartment Rent House Live With Parents/Relative
 Subsidized Housing Trailer or Mobile Home College Fraternity / Sorority Housing

** Have you discussed adopting an animal with your Landlord? Yes No

** Are there any breed and/or size restrictions in your lease or homeowners association covenants? Yes No

1a. Landlord's Name _____ Phone _____

1b. Are you planning to move any time soon? Yes No How long your current address? _____

2. Your Household consists of: Adults Only Live Alone Family with older children (over 10 years old)
 Family with young children (younger than 10 years old)

2a. There are ____ number of children living at this address. Their ages are _____

3. The activity level in your home is: Quiet Active Very Active

4. Do all members of your household know you plan to adopt a pet? Yes No

5. Is any member of your household allergic to animals? Yes No

6. Is this your first experience owning a pet? Yes No

7. Are you interested in adopting this animal for (check one): Yourself ____ Family ____ Someone Else ____

8. Please Check any and all of your reasons for wanting to adopt this pet:

Companion ____ Family Pet ____ Child's Pet ____ Companion for other pet ____ Watchdog ____

Mouser ____ Breeding ____ Other: _____

9. Who will be the primary caretaker of your new pet? _____

10. Do you have a fenced in yard? Yes No Type of fence _____

11. How will you confine your pet to your property? Fenced in Yard ____ Stake in Ground with Cable ____
 Basement ____ Garage ____ Within my residence ____ Crate most of the day ____ Cable Run ____
12. This pet will be: Indoors only ____ Indoors and outdoors ____ Outdoors only ____
13. Where will this pet be kept during the day? _____
14. Where will this pet be kept at night? _____
15. What will you do with your pet when you go on vacation? _____
16. My Veterinarian is _____ Phone _____
17. What will you do with your pet if you have to move from your current dwelling? _____

18. Are you aware of the costs and responsibility for: veterinary care, food, heartworm & flea/tick prevention, and the housing of this animal? ____ Are you willing to meet these costs? ____ If no, please explain: _____

19. If adopting a dog/cat, what training methods will you use to handle potential problems like meowing and/or barking, crate training issues, chewing, scratching, housebreaking, going outside the litter box, etc.?

20. If adopting a dog/cat, I understand and agree that if he/she is not already altered before adoption, I will follow PAWS of Dearborn County policies to have him/her spayed or neutered. Initial _____

21. I understand that by adopting this cat or dog I am expected to obtain the necessary training and medical care to ensure my pet is successful in his/her new home. I also understand that it can take several days, even weeks for shelter pets to transition into their new home. Further, I will contact the PAWS of Dearborn County Humane Center should I have any behavioral or medical concerns that may arise during the transition period. The PAWS of Dearborn County Humane Center offers a variety of resources and information to help with this transition. Initial _____

Please Tell Us About Your Pet History

1. Please check one: First time pet owner ____ Had pets while growing up ____ Had pets all my life ____

2. Please tell us about the pets you CURRENTLY own.

Type of Pet	Sex	Age	Spayed/Neutered		Kept Indoors or Outdoors			Vaccines Current		Years Owned
			Yes	No	In	Out	Both	Yes	No	
_____	M F	_____	Yes	No	In	Out	Both	Yes	No	_____
_____	M F	_____	Yes	No	In	Out	Both	Yes	No	_____
_____	M F	_____	Yes	No	In	Out	Both	Yes	No	_____

3. Please tell us about your PAST pets:

Type of animal	Age	Time Owned	What Happened to Him/Her?
_____	_____	_____	Died of old age / Died of illness / Ran Away / Gave Away / Gave or Returned to Shelter
_____	_____	_____	Died of old age / Died of illness / Ran Away / Gave Away / Gave or Returned to Shelter

I certify that all of the above information is true and correct. I understand that giving false information or omitting material information on this application is grounds for denial of the adoption. I understand that the P.A.W.S. of Dearborn County Humane Center has the right to deny any adoption for any reason and may require a 24-hour waiting period before the adoption is approved. While at the Center, adopter and guests are required to keep fingers out of the animal's kennels and cages. Further, I release the PAWS of Dearborn County Humane Center from any liability for injury to person or damages to property while visiting the Center or which occur from walking or spending time with the shelter pets

Signature of Applicant: _____ Date: _____