



Pets Are Worth Saving
2701 Mall Rd PMB 277
Florence, AL 35630

Phone: (256) 383-0690
www.shoalspaws.com
www.pfinder.com

ADOPTION APPLICATION

Please fill in all areas. If the application is not complete, PAWS cannot consider you for one of our animals. We need to know you as well as we can.

Personal Information

Name: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____ Email Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Best Time to call (Central Time): _____

Employer: _____ Work Phone Number: _____

Can we call you at work? _____

Spouse's/Partner's Name: _____

Number and ages of children: _____

Have you carefully considered the financial cost of animal ownership and are you financially able to give your animal the routine medical care it requires?

Yes NO

Will you provide your animal with heart worm preventative? YES NO

If the animal has not been altered (sterilized), you will be required to have a veterinarian to do so when the animal reaches 6 months old. Do you have a problem with altering the animal? YES NO Explain: _____

Have you owned an animal in the past? YES NO

What happened to the pets you no longer own?

Have you ever owned a rescued animal? YES NO

Name of rescue you got the animal from: _____

Phone Number for the rescue: _____

Do you currently own animals? YES NO

Type/breed/age of animal(s)? _____

Are your animals spayed/neutered? YES NO

Are your animals current on their shots? YES NO

What training have you given your animals? _____

Animal Information

Which animal are you interested in adopting? _____

Does everyone in the family agree about adopting the animal? _____

Who will be the primary care giver and trainer of the animal? _____

Does anyone in the household have allergies to animals? YES NO

If so, which animals? _____

Do you plan to have your cat de-clawed? YES NO

Will you allow your dog to ride in the back of a truck? YES NO

Why do you want this pet? Companion Watchdog Companion for another pet Mouser Hunting Other-explain _____

Home Environment Information

Do you rent or own? _____

If you rent, can you furnish a notarized letter from your landlord granting you permission to have an animal on the property? YES NO

Is your yard fenced? YES NO

If not, will the animal be supervised at all times when outside? _____

Where will your new pet be kept during the day? In House Kennel or Crate
 Fenced Yard Tie-Out Chain Garage Patio Area Outside Dog Run
 Basement Other, please explain _____

Will there be anyone home during work hours? _____

If not, how many hours per day will the animal be left alone? _____

Where will the animal spend it's time alone? _____

Do you travel frequently? YES NO Will the animal travel with you? YES NO

If not, where will the animal stay while you are gone? _____

If you move, what will you do with your pet?

Veterinarian Information

Please provide the information for the veterinarian you plan to use for this animal.

Name: _____

Street
Address: _____

City/State/Zip Code: _____

Phone: _____

Have you used the above vet in the past? _____ If not please provide information for a past vet you have used.

Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____

References

Please provide the name, address, and phone number for at least 3 people (not related to you) who would recommend you as a good adoptive family for a rescued animal. Use the back of the page if you need more room.

Do you agree that the animal will be returned to PAWS if for any reason you are unable to keep it? YES NO

I certify that the information provided on this form is true & correct. I am also financially and physically able to care for this animal. I understand that proper food and veterinarian care can be costly and I am able to meet these requirements.

All applicants are subject to a home visit. Home visits are made on a random basis following or prior to adoption. If upon inspection, PAWS finds information contained in this application to be false, PAWS retains the right to turn down the adoption or remove the animal from your premises without a refund of moneys paid. PAWS reserves the right to refuse or reject an application for whatever reason it deems fit.

Applicant's Signature

Date

PAWS Adoption Counselor

Date

Survey

Number of Dogs _____

Number of Cats _____

Dogs are Chipped

Cats are Chipped

Previously Aware of Pet Insurance

Previously Had Pet Insurance Previous Insurance Company _____

Interested in Emergency Care

Send More Info

Can we add you to our email list for monthly newsletters (PAWS & Tails)? Yes No

(Your email address will not be shared) Email address:

Would you be interested in fostering a pet for PAWS? Yes No

Would you be interested in volunteering for PAWS? Yes No

Thank you for taking the time to complete this Application. It is important to PAWS that you are aware of the responsibilities involved with having a companion animal and that you are prepared to welcome a new pet into your home. We will do our best to assist you in choosing the most appropriate pet for your home and lifestyle.