

Paws For Life

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CANINE ADOPTION APPLICATION

PLEASE GIVE CAREFUL CONSIDERATION TO ADOPTING! BE SURE YOUR LIFESTYLE ALLOWS THE TIME, PATIENCE AND EXPENSE THIS PET WILL NEED. ADDING A PET TO YOUR FAMILY IS A 10 TO 15 YEAR COMMITMENT. ADOPTION FEE PAYABLE TO PAWS FOR LIFE IN THE FORM OF MONEY ORDER, CASH, OR CREDIT CARD. CHECKS ARE NOT ACCEPTED FOR ADOPTIONS.

Date:		APPLICANTS INFORMATION <i>(please print clearly and answer all questions)</i>	
Applicants Full Name		Age	
Co-Applicants Full Name		Relationship to Applicant	
Street Address, City, State			
Home Phone		Cell Phone	Email
CANINE INFORMATION			
Name of dog you are applying for?		Breed	
Why do you want to adopt a Dog? <input type="checkbox"/> Family Pet <input type="checkbox"/> Companion <input type="checkbox"/> Protection <input type="checkbox"/> Gift <input type="checkbox"/> Other			
If Gift, Protection or Other please explain.			
What are you looking for in a dog:			
Age: <input type="checkbox"/> 2 – 6 Months <input type="checkbox"/> 6 – 12 Months <input type="checkbox"/> 1 – 6 Years <input type="checkbox"/> 7 Years +		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference	
Coat: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> No Preference		Color Preference:	
Personality: <input type="checkbox"/> Playful <input type="checkbox"/> Calm <input type="checkbox"/> Shy <input type="checkbox"/> Affectionate <input type="checkbox"/> Likes Dogs <input type="checkbox"/> Likes Cats <input type="checkbox"/> Likes Kids			
Health Preference? <input type="checkbox"/> Healthy Only <input type="checkbox"/> Short Term Problems <input type="checkbox"/> Special Needs <input type="checkbox"/> No Preference			
Where will the dog live / sleep? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Inside and Outside <i>Please explain further below</i>			
Are you willing to take the time to housebreak a dog, and do you understand that changing a dog's living environment may cause the dog to have accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are applying for a puppy or dog that is not housetrained, how will you housetrain?			
If behavioral issues should arise, what actions will you take?			
How will you exercise the new dog?			
How many hours will the dog be left alone: Daytime?		Evening?	
When no one is home or during traveling where will the dog stay?			
If you have to move what will you do with your new dog?			
Have you ever been cited for any dog related ordinances?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your town or city have any Breed Restrictions?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what are they?			
Do you agree the dog will NOT be used for fighting, breeding, illegal activities or be found at any time in a location where its presence is illegal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have all household members met and agreed on a new Dog?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What reasons do you feel are valid for giving up a pet? Check all that apply.			

Fleas Shedding Expenses Noisy Chewing/Clawing Destructive Bites New Baby Moving Marriage or Divorce Doesn't Listen Pets Medical Condition No Time Would not Consider Other (*please explain*)

PET AND VETERINARY HISTORY

Have you ever had to give up ownership of a pet? Yes No

If Yes, please explain.

Do you currently have any pets? Yes No

If Yes, Please complete the information below.

	Pet 1	Pet 2	Pet 3
Pet's Name			
Type of Pet / Breed			
Sex / Age			
Spayed or Neutered			
Up to Date with Rabies			
Up to Date with other Vaccines			
Indoor or Outdoor			

Current Veterinarian's Name and Telephone number?

Name of person on file with the Vet?

Name of Veterinarian you will use for your new pet?

Contact info for Veterinarian you will use for your new pet?

HOUSEHOLD INFORMATION

Is your residence: House Condo Apartment Mobile Home Duplex Other (*explain*)

If you live in a Condo or Rent – Does the Association or Landlord have Breed or Size Restrictions? Yes No Not Sure

If yes, please explain.

Do you: Own Rent Live w/Parents Live w/Friends Other (*explain*)

If you live with Parents, Friends or Rent – Do you have permission to have a Dog? Yes No

If you Rent please provide Name & Telephone number of Landlord.

Landlord Name

Telephone

How long at current residence?

Is your Yard Fenced in? Yes No **If Yes, type and height?**

Any Holes or Gaps in the Fence? Yes No

Do you have Tie-Outs? Yes No

Do you have Overhead Runs? Yes No

Number of Adults in household?

Number of Children in household?

Please list all members living in household

Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age

AGREEMENT AND SIGNATURE

By signing this application I attest that the information provided is true and accurate and understand false information will result in denial of adoption. Also, if an omission or untruth is discovered after an adoption takes place, PAWS for Life reserves the right to annul the adoption and reclaim the animal. While PAWS makes every effort to ensure that all animals available for adoption are healthy, it is possible that any animal may have an underlying health issue unknown to PAWS or our veterinarian. I hereby authorize the PAWS for Life to receive information from Veterinarians and others listed on this application.

Signature:	Date:
All Adopted Canines MUST leave the Shelter on a Leash	
If for any reason you or your new canine is unhappy after the adoption, we ask that you wait at least 48 hours before returning the animal. If your canine is having trouble adapting to your home please call us with any questions.	

PAWS USE ONLY

Date Application Received:	
Shelter Name & ID of Canine:	
Recieved By:	
Date Adopted:	
Medical Records Given:	
Microchip:	
Approved By:	
Denied By:	
Reason For Denial : (Explain further in comments section.)	
Receipt # and Amount:	
Medical Records need to be mailed:	
Adoption Agreement Signed:	
Assessor/Landlord Verified?	

Other Comments/Concerns