



Instructions

Precious Paws

CANINE ADOPTION APPLICATION - Confidential

This Information Becomes Part Of Your Contract Should You Adopt A DOG From Precious Paws

Please be sure to answer ALL of the questions, **Front & Back**
PLEASE PRINT ! & DON'T FORGET TO SIGN BACKSIDE !

For Precious Paws Use

Date _____

Pet _____

N _____

<< Personal & Residence >>

Name: _____

Address: _____

Phones (Include Area Code): Home _____ Cell _____

Drivers License Number: _____ Occupation: _____

May we contact you at work? _____ If "Yes" --- Work Phone # _____

E-mail: _____

Are you at least 18 years of age? Yes _____ No _____

Name of spouse/significant other/roommate(s): _____

If this relationship changes, with whom would the dog remain? _____

Children: Yes _____ Ages _____ No _____ Have they been around dogs? _____

Do ALL adults in your household know you plan to adopt? Yes _____ No _____

Who will be primarily responsible for the dog's care? _____

How many hours per day would the dog be left alone? _____

Is anyone in your household allergic to dogs? Yes _____ No _____ Anyone smoke? _____

(Include family members, nanny, housekeeper, etc.)

Do you live in a: House _____ Apt. _____ Condo/Townhouse _____ Other _____

Own or Rent? _____ Do you have a doggie door? Yes _____ No _____

Do ALL of your windows have screens? Yes _____ No _____

Do you have a screen door? Yes _____ No _____

Is permission granted from your landlord or home owner's association to have a dog? Yes _____ No _____ Unsure _____

Landlord's name _____ Phone: _____

What is your primary reason for adopting a dog (check all that apply) :

Companion _____ Watchdog _____ Friend for other pet(s) _____ Gift _____ Other (explain) _____

If the dog is a gift, will it be a surprise? _____ Gift for who? Name _____

Relationship _____ Has this person had dogs before? _____

If dog is to be a Watchdog -- Where? (home, workplace, etc.) _____

Have you ever bred and/or raised a dog? Yes _____ No _____

What brought you HERE today? Out shopping & saw dogs _____ Came to local Pet Store looking for dog(s) _____

Petfinder.com _____ Online Communication _____ Newspaper Ad _____ Craig's List _____

Referral _____ Other _____

<< Your CURRENT PET(s) & New Pet INFO. : >>

Do you have a cat? Yes _____ How many? _____ No _____

Do you have other dogs? Yes _____ How many? _____ No _____

IF you have other dogs are they spayed/neutered? Yes _____ No _____

Would you have this NEW dog spayed/neutered? Yes _____ No _____

If No, please explain _____

Will this NEW dog be kept with your other dogs? Yes _____ No _____ If "No" Why not? _____

Where will this NEW dog be kept? During the Day _____

At Night _____ During bad weather (hot, cold, rain etc.) _____

Are you willing To Obtain & Pay for TRAINING if this NEW dog needs it? _____

Doc Front side

What are you feeding your current Dog(s)?

Age Preference

Under 6 months _____
Over 6 months _____
No Preference _____

Size Preference

Small _____
Medium (20-50 lbs) _____
Large _____

Activity Level Preference

Low (housepet) _____
Medium _____
High (jogging partner) _____

Do you have a: Back Yard ___ Patio ___ Balcony ___ Is it enclosed? Yes ___ No ___ Fence in Front Yard? _____
If **Yes** to **anything above**, is it: Block wall ___ Chain link ___ Wood ___ Vinyl ___ Other ___ How High? _____
Does it have a gate? Yes ___ No ___ How High _____ Locked ___ Unlocked _____

IF you have other dogs, are their vaccinations current? Yes ___ No ___ License current? Yes ___ No ___
Are they in good health? Yes ___ No ___ Explain "No" _____
When were your dogs last seen by vet? _____

Your **VET's Name:** _____ **Phone:** _____

What **OTHER** animals do you presently own? (bird, fish etc.) _____

Give a brief history of ALL PETS you have previously owned AS AN ADULT:

PET	HOW & WHY OBTAINED	HOW LONG KEPT	WHAT HAPPENED TO IT?

Do you travel a great deal? Yes _____ No _____
When you go away for a vacation or on business, who will care for the dog? Please Refer Someone _____
Kennel _____ Sitter _____ Neighbor _____ Relative _____ Friend _____

<UNDER WHAT CIRCUMSTANCES WOULD YOU CONSIDER NOT KEEPING A DOG?> None Below

Personal changes: Divorce/separation _____ New spouse _____ Pregnancy _____ New baby _____ New roommate _____
New allergy _____ Job change/loss _____ Disability/illness _____ New house/apt _____ HOA/Rental rule change _____
Moving: Locally _____ Out of state _____ Overseas _____ New landscaping _____ New carpet/drapes/furniture _____

Behavior problems: Kids too rough with pet(s) _____ Dog too rough with kids _____ Digs _____ Will not train _____
Does not get along with other pet(s) _____ Not housebroken _____ Scratches carpets/drapes/furniture _____ Nips _____
Keeps you awake _____ Barks too much _____ Demands too much attention/time _____ Does not like someone _____

Health problems: Dog incurs expensive vet bills _____ Requires daily treatment _____ Requires special diet _____
Dog becomes disabled _____ Requires isolation away from other pets or people _____

Anything else you can think of: _____

Your comments, any additional information you want us to know?

Have you READ the ADOPTION PROCEDURE sheet in full? Please be sure to do so NOW!

**** THANK YOU FOR FILLING OUT THIS APPLICATION. THIS INFO. WILL BECOME PART OF YOUR CONTRACT SHOULD YOU, BE APPROVED BY OUR DIRECTORS AND THUS, ADOPT A DOG FROM PRECIOUS PAWS. By signing below you hereby give permission for Precious Paws to VERIFY the information you have provided on this Questionnaire. We reserve the right to refuse adoption to any person for any reason, except race, creed, or origin.**

→ * I, the undersigned, have read and understand and agree to the terms above. I further certify that the info I have provided on this APPLICATION is true and correct.* ←

Print Name Signature Date

Name of Dog(s) interested in: _____ I need HELP choosing

* This Section To Be Filled Out By Precious Paws. *		(fax 888-775-6490)	rev. 9/09pr
Assisted By: _____	Dog's Fosterer: _____	No Response from Client _____	
Approved: Yes _____ No _____	Approved by: _____		
If No - Reason _____			
Notes: _____			
Date Notified: _____	Date of Delivery: _____	To be Delivered by: _____	Doc Back side

