

## APPLICANT'S INFORMATION

Name / Number of the dog/cat you are considering adopting: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Are you a full-time Florida resident or a seasonal resident? \_\_\_\_\_

## PRE-ADOPTION QUESTIONS

Have you ever owned a dog/cat? \_\_\_\_\_ Are you adopting this pet for you or someone else? \_\_\_\_\_

What member of the family will be taking the **MAJOR** responsibility for caring for this pet?

List the name(s)/age(s) of the members of your household: Name: \_\_\_\_\_ Age: \_\_\_\_\_

Are you financially able and willing to provide annual check-ups, vaccinations and any medical care necessary if your pet becomes sick or injured? \_\_\_\_\_

Is anyone home during the day? \_\_\_\_\_

If so, who? \_\_\_\_\_ If you are not home during the day, have you considered adopting two similar pets to keep each other company? \_\_\_\_\_

Where do you plan on keeping your pet while you are at work or not at home: \_\_\_\_\_ Does you or anyone in your household have allergies or asthma? \_\_\_\_\_

House  Apartment  Condo  Other: \_\_\_\_\_ Name of development: \_\_\_\_\_

Does your association permit pets? \_\_\_\_\_ Is there a weight limit? \_\_\_\_\_ Is there a deposit required? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

Own  Rent If you rent, do you have permission to have pets? \_\_\_\_\_

If necessary, may we contact your landlord? \_\_\_\_\_ Please provide name and telephone number: \_\_\_\_\_

Do you have a fenced-in yard? \_\_\_\_\_ Pool? \_\_\_\_\_ Balcony? \_\_\_\_\_ Screened Patio? \_\_\_\_\_ If apartment/condo, what floor do you live on? \_\_\_\_\_

Please describe those pets that are currently living with you: # of dogs: \_\_\_\_\_ Breed(s)/Age(s): \_\_\_\_\_

Neutered/Spayed? \_\_\_\_\_ Vaccinated? \_\_\_\_\_

# of cats: \_\_\_\_\_ Breed(s)/Age(s): \_\_\_\_\_

Neutered/Spayed? \_\_\_\_\_ Vaccinated? \_\_\_\_\_ Declawed? \_\_\_\_\_

Please describe those pets that are formerly lived with you: # of dogs: \_\_\_\_\_ Breed(s)/Age(s): \_\_\_\_\_

(Going back at least 5 years)

Neutered/Spayed? \_\_\_\_\_ Vaccinated? \_\_\_\_\_

# of cats: \_\_\_\_\_ Breed(s)/Age(s): \_\_\_\_\_

Neutered/Spayed? \_\_\_\_\_ Vaccinated? \_\_\_\_\_ Declawed? \_\_\_\_\_

Where did you get your last pet? \_\_\_\_\_

Have you ever turned in an animal to an animal shelter? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Have you ever put a dog/cat to sleep for any reason? \_\_\_\_\_ If yes, why? \_\_\_\_\_

# PRE-ADOPTION QUESTIONS (CON'T.)

Where do your current animals live: \_\_\_\_\_

Name and telephone number of your current Veterinarian? \_\_\_\_\_

What will you do if your new pet doesn't get along with your current pet or pets? \_\_\_\_\_

How long will you give your new pet to adjust to its new home? \_\_\_\_\_

If your family status changed (new baby, married, divorced, job loss, relocation, etc.), who would keep the dog/cat? \_\_\_\_\_

If something happens to you and you cannot take care of your pet(s), who will take care of them? \_\_\_\_\_

If you move, what will you do with your pet(s)? \_\_\_\_\_

When you go on vacation, where will your pet(s) go and who will care for them? \_\_\_\_\_

What do you think are the most important responsibilities in owning a pet? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

Please supply the name, address and telephone numbers of two (2) personal references:

**Reference 1:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Reference 2:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I certify that the information I have given above is true and correct, and I hereby authorize the above listed veterinarian(s) to supply information in regard to my pets to Paws 4 You Rescue, Inc. I also give my permission to Paws 4 You Rescue, Inc. to contact the above listed landlord and references. ***I understand that Paws 4 You Rescue, Inc. has the right to deny any application without any questions and Paws 4 You Rescue, Inc. has the right to take back an adopted pet if they find that the home is inadequate.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Please print and fax the completed application to: 305-253-1263