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### ADOPTION APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ I am 18 years of age.  YES  NO

#### **You must have 2 forms of ID to adopt a pet.**

ID TYPE: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

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Type of home:  Apartment  Town Home  Detached Home Do you **rent** or **own**? \_\_\_\_\_

If you rent, have you discussed having a pet with your landlord?  YES  NO

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Current Pet Information (if any):**

Name: \_\_\_\_\_ Type/breed: \_\_\_\_\_ Spayed/neutered?  Yes  No If no, # of litters, if any: \_\_\_\_\_

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#### **Past Pet Information (if any):**

Name: \_\_\_\_\_ Type/breed: \_\_\_\_\_ Spayed/neutered?  Yes  No If no, # of litters, if any: \_\_\_\_\_

Name: \_\_\_\_\_ Type/breed: \_\_\_\_\_ Spayed/neutered?  Yes  No If no, # of litters, if any: \_\_\_\_\_

Name: \_\_\_\_\_ Type/breed: \_\_\_\_\_ Spayed/neutered?  Yes  No If no, # of litters, if any: \_\_\_\_\_

Veterinarian Name/Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Address of Person on File with Veterinarian, if not you: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

*Continued . . .*

**Have you ever (check any that apply):**

- Given/sold a pet to a family member       Given a pet to a rescue       Had a pet run away
- Given/sold a pet to another person       Given a pet to a shelter       Had a pet die in your care

Have you adopted from PAWS before?  YES  NO If yes, when? \_\_\_\_\_

How many people live in your household? \_\_\_\_\_ Adults \_\_\_\_\_ Children

Is anyone in your household allergic to animals?  YES  NO

Have you discussed the responsibilities of owning a pet with your family?  YES  NO  It's a surprise

Do all members of your household agree on adopting?  YES  NO  It's a surprise

Is this pet a gift for someone else?  YES  NO

Who will be the primary caretaker of this pet? \_\_\_\_\_

Are you prepared to assume the financial responsibilities of providing your pet with adequate food, medical care, housing, training, toys, etc. (approximately \$800 or more a year)?  YES  NO

Are you prepared to commit to your new pet for the next 10-15 years?  YES  NO

How many hours are you away from home each day? \_\_\_\_\_

How many hours will your pet be left alone each day? \_\_\_\_\_

Where will this pet spend the day? \_\_\_\_\_

Where will this pet spend the night? \_\_\_\_\_

How much time are you willing to give an animal to adjust to its new home? \_\_\_\_\_

Do you understand that there is no guarantee that this pet will be housetrained?  YES  NO

What kind of characteristics are you looking for in a pet? \_\_\_\_\_  
\_\_\_\_\_

**FOR CAT ADOPTION:**

Why do you want a cat?  Companionship  Mouser  Gift  Other: \_\_\_\_\_

Are you planning on having the cat declawed?  YES  NO

**FOR DOG ADOPTION:**

Why do you want a dog?  Companionship  Guarding  Protection  Other: \_\_\_\_\_

Times per day dog will be walked: \_\_\_\_\_ Hours per day he/she will spend outside: \_\_\_\_\_

Under what circumstances, if any, would you need to return the animal to PAWS?

<input type="checkbox"/> Divorce/Separation	<input type="checkbox"/> Not Enough time for pet	<input type="checkbox"/> Sheds
<input type="checkbox"/> New baby	<input type="checkbox"/> Scratches furniture	<input type="checkbox"/> Vet costs too expensive
<input type="checkbox"/> Become allergic	<input type="checkbox"/> Becomes Aggressive	<input type="checkbox"/> Litter box issues
<input type="checkbox"/> Not allowed in new living space	<input type="checkbox"/> Moving too far away to bring pet with me	<input type="checkbox"/> Too playful
<input type="checkbox"/> Other:		

Do you have any questions? \_\_\_\_\_

**Conditions of Adoption (please initial each item):**

- \_\_\_\_\_ I will not sell, give away, or transfer this animal to another person or entity.
- \_\_\_\_\_ In the event I can no longer keep this animal I will return him/her to PAWS.
- \_\_\_\_\_ I will provide all necessary shelter, food, water and veterinary care for this pet.
- \_\_\_\_\_ I will comply with all animal related city ordinances and state laws.
- \_\_\_\_\_ I understand my pet will be surgically sterilized before I take him/her home.
- \_\_\_\_\_ As part of the adoption contract, I agree to allow a uniformed agent of PAWS to inspect the shelter arrangements of this adopted pet and its health. If such an inspection takes place it will be at a time convenient for both parties.
- \_\_\_\_\_ Absolute ownership of this pet will remain with PAWS, therefore, if I am suspected, and found neglecting or abusing this animal, PAWS has the right to take the animal back into its care.
- \_\_\_\_\_ I certify that I have never been charged with animal cruelty.
- \_\_\_\_\_ I acknowledge that PAWS can make no guarantees with regard to the health of the animal I am adopting. I understand that this animal was a stray, unwanted or abandoned animal. It is possible that the animal did not receive veterinary care prior to his/her arrival at PAWS. Therefore, the animal could be harboring a disease that is not immediately detectable.
- \_\_\_\_\_ I understand that adoption fees include sterilization, the first set of vaccines and microchipping. I understand that I may bring my pet to PAWS for up to 21 days post-adoption for medical evaluation. If the condition is beyond PAWS ability to provide care, I may either take my pet to a private veterinarian at my own expense or return ownership of the pet to PAWS. PAWS will not be responsible for any fees incurred by me should I choose to seek medical treatment elsewhere.

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

**PAWS REPRESENTATIVE CHECKLIST (please initial):**

- |                           |                            |                          |                     |
|---------------------------|----------------------------|--------------------------|---------------------|
| _____ Surrenders          | _____ House/Crate Training | _____ Adoptions          | _____ Other Pets    |
| _____ Vaccine Information | _____ Food, Water, Treats  | _____ Violations         | _____ Microchip     |
| _____ Toys, Chews, Kongs  | _____ Hot/Cold Weather     | _____ Anxiety            | _____ Collar and ID |
| _____ Supervise Children  | _____ Antifreeze/Chocolate | _____ Obedience Training |                     |