



Adoption Center: 100 N. 2nd Street · Philadelphia, PA 19106 · p. 215-238-9901 ext. 30
Spay/Neuter and Wellness Clinic: 2900 Grays Ferry Avenue · Philadelphia, PA 19146 · p. 215-298-9680
info@phillypaws.org · www.phillypaws.org

ADOPTION APPLICATION

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

How long have you lived at your current address? _____ If fewer than 3 years, please list previous address:

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

ID TYPE: _____ ID NUMBER: _____

ID TYPE: _____ ID NUMBER: _____

Do you **rent** or **own** your home? _____

If you rent: Landlord Name: _____ Phone: _____

Name(s) of other adult(s) living in household (if any): _____

Ages of children living in household (if any): _____

Have you ever owned a pet before (excluding childhood pets)? Yes No

Are there currently any pets in your household? Yes No Yes, but they aren't mine

Current Pet Information (if any):

Name: _____ Breed: _____ Species: _____ Spayed/neutered? Yes / No Age: _____ Years owned: _____

Name: _____ Breed: _____ Species: _____ Spayed/neutered? Yes / No Age: _____ Years owned: _____

Name: _____ Breed: _____ Species: _____ Spayed/neutered? Yes / No Age: _____ Years owned: _____

Past Pet Information (if any):

Name: _____ Breed: _____ Species: _____ Spayed/neutered? Yes / No Age: _____ Years owned: _____

Ex. 1995-2001

Name: _____ Breed: _____ Species: _____ Spayed/neutered? Yes / No Age: _____ Years owned: _____

Name: _____ Breed: _____ Species: _____ Spayed/neutered? Yes / No Age: _____ Years owned: _____

Continued . . .

Veterinarian Name/Address: _____ Phone: _____

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

Have you ever (check any that apply):

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

Is anyone in your household allergic to animals? YES Yes, but only mildly NO Unsure

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

How much do you anticipate spending yearly to care for your pet (food, supplies, medical care, etc.)? _____

How much do you anticipate spending on your pet if a serious medical condition/emergency arises? _____

How many years do you expect to own this pet/how long do you expect this pet to live? _____

What is the longest amount of time your pet would be left alone during the day? _____

Where will this pet spend the day? (check all that apply)

- Inside only Inside with free access to outside Inside with supervised time outside
- Outside only Dog pen Crate Basement Garage Other _____

Where will this pet spend the night? (check all that apply)

- Inside only Inside with free access to outside Inside with supervised time outside
- Outside only Dog pen Crate Basement Garage Other _____

How much time are you willing to give an animal to adjust to its new home and learn proper behaviors?

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

FOR CAT ADOPTION:

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

Are you planning to have the cat declawed? YES NO Only if it scratches I don't know what this is

FOR DOG ADOPTION:

Why do you want a dog? Companionship Guarding/Protection Gift Other: _____

Dog experience: I own a dog I have owned a dog before I have lived with a dog before
 This would be my first dog

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/Jumps on furniture, counters |
| <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.
- _____ The information I have provided on this application is true to the best of my knowledge. I understand that if I willfully provide false information, my application may be denied.

Signature of Applicant: _____ Date: _____