

P.A.W.S
Providing Animals With Support

ANIMAL ADOPTION APPLICATION

Name _____ Date: _____

Address _____

Phone _____ Applicants Age _____

Name of Animal interested in adopting: _____ Breed _____

Animals in Home at present time: Dog? _____ Age _____ Cat? _____ Age _____

Are these animals spayed/neutered? _____ If not, why not? _____

If you have other pets, will they adjust to a new pet in the house? _____

How many children are in the home? _____ Ages _____

Name of Your Veterinarian _____

Do you own your home or renting? _____ If renting, do you have permission to have
pets? _____

Do you have a dog/cat door? _____ Will the animal be home alone all day? _____
If so, where will the animal be kept? _____

Is the yard fenced/gated? _____ Height _____ Type _____

Will the animal be indoor as well as outdoor? _____

Have you had pets in the past? _____ What happened to the ones you no longer
have? _____

*NOTE: We visit your home to insure suitable yard and environment for the animal. Do you object to
such a visit? _____

Signed _____ PAWS Representative _____