



Pet Adoption Application Form

Thank you for your interest in helping save a life by adopting a pet for your family. Please remember that adopting an animal is a **SERIOUS** commitment. Animals may take several weeks to months to settle into their new environment. They cost money and require lots of attention and love. We ask that you seriously think through your decision. Sadly, too many animals are adopted and returned simply because folks didn't think about adoption thoroughly enough. We highly suggest that you research what is best for your particular situation, read some books, research on-line and plan to participate in a training course in order to make the adoption experience a positive and lasting one.

It is Paw's Rescue Alliances responsibility to place the animals that we rescue into an environment compatible with their needs and to ensure their adoption is in the best interest of both the animal and the adopter. As such, please answer all questions carefully and completely.

Dog/Puppy Name: _____ **Age:** _____ **Breed:** _____

Applicant's Name: _____

Address (No P.O. Box): _____ **Apt #:** _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Home Phone #: _____ **Cell Phone #:** _____

 Description of Residence:

House Do you rent this property? Yes No

Apt/Condo How long have you lived there? _____

Mobile-Home Do you plan on moving in the next 12 months? Yes No

of Adults: _____ # of Children: _____ Children's Ages: _____

 Reason for Adoption:

companion for child security breeding

companion for other dog house pet gift to someone else

companion for self working dog/mouse chaser other

If you chose other, please explain : _____

 Do you own pets? Yes No ** Have you previously owned pets?** Yes No

List all current animals you have in your household.

Breed	Name	Sex	Altered?	Current Vaccines?	Kept Where?	Time Owned	Age
		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	In ___ Out ___		
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		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	In ___ Out ___		

🐾Animal Care: Shelter

Do you realize that dogs/cats often live longer than ten (10) years? Are you willing to assume responsibility for that long?

Yes No

🐾Animal Care: Training/Discipline

In general, what types of discipline/corrections do you use with a pet? _____

What will you do if your dog shows destructive behavior? (Digging, chewing, jumping, tearing up plants/furniture, running off, indoor accidents, excessive barking, etc.) _____

Do you realize that you will have to housetrain your new puppy/dog? Yes No

Will you be using a crate for the purpose of training? Yes No

🐾Animal Care: Health

Who will be financially responsible for all medical costs? _____

🐾Animal: Return Policy

I agree to return this dog to Paws Rescue Alliance if I can no longer care for it.

I agree not to surrender this dog to another shelter. Over one hundred adoptable animals are killed every day in Maricopa County.

I also agree to update this dogs micro chip information when I move so if lost, I have the greatest opportunity to be reunited.

I certify the above information is true and that false information may result in nullifying this adoption. The Paws Resuce Alliance Adoption Program has the right to refus adoption to anyone. I understand that no aminal can be held for me.

Applicant's Signature:

Date:

Paws Rescue Alliance Adoption Overseer's Signature:

Date:

Paws Rescue Alliance Adoption Program