

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: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
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 dig/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