PAWS FOR LIFE ADOPTION APPLICATION

The following information is requested so that we can assist you in the selection of a new pet. Our goal is to place animals in loving homes with compassionate people who will make lifelong commitments to them by accepting them as a member of their family. The consultation process is designed to help determine the best compatibility "match" between the pet and the lifestyle of the adopter(s). This also enables us to determine if the adoption is in the animal's best interest.

IN ORDER TO BE CONSIDERED AS AN ADOPTER TODAY, YOU MUST:

- Be 18 years of age or older
- Have identification showing your present address
- Have the consent of your landlord
- Be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care for a pet

IF YOU ARE FILLING OUT THIS APPLICATION IN ADVANCE, YOU MAY FAX THE COMPLETED APPLICATION TO PAWS FOR LIFE AT (410) 885-5685.

NAME		DATE					
(Please print)							
ADDRESS							
(Street)		(State)	(Zip)				
EMAIL ADDRESS							
LOCATION / NEAREST CROSSROADS							
DAY PHONE	EVENING PHONE _						
How long have you been at this addres	ss?						
How did you find out about Paws for Li	ife?						
How many people live in your household? AdultsChildren							
And their ages are:							
2. Is anyone home during the day?	Yes No						
If no, how many hours will the pe	et be left alone?						
3. Is this your first experience with	a pet? Yes	No					

4.	Do you currently ow	vn other pets?		Yes		No		
	If yes, are they up to date on their vaccinations		s? Yes			No		
	Please list current p	ets below.						
PET'S	NAME BRI	EED	FEMALE/M	ALE	ALTER	ED	AGE	HEALTH STATUS
5.	Please list your rea	ason(s) for war	nting to add	opt an a	nimal			
6.	Where will this pet	be primarily liv	ng?	Inside		Outsid	e	
7.	In what pet(s) are you interested? Dog Cat							
	Male Fei	male						
	Age Range Desired:	Under 2 Y	ears	2 - 5 Y	ears		5 Years	or Older
	If you have a specifi	c animal(s) in r	mind, please	e list nar	ne(s)			
8.	In what type of dwe	elling do you liv	e?					
	House	Townhous	se	Apt or	Condo		Mobile	Home
9.	Do you own/rent yo	our home?	Own		Rent			
	If you rent, does you	ur lease allow p	ets?	Yes		No		
10.	Do you have a yard	? Ye	S	No				
	If yes, what is the si	ze of your yard	?					
	Is your yard fenced?	? Ye	S	No				
	Type and height of t	fence						
11.	What type of exerci	se are you plan	ning to pro	vide a do	og and h	ow ofte	en?	

12.	How many o	dogs or cats h	ave you own	ed in the past five	e years?					
	D	ogs	Cats							
Pleas	se list them b	elow:								
PET'S	NAME	CAT/DOG	BREED_	FEMALE/MALE	ALTERED	AGE	WHAT	<u>HAPPEN</u>	ED TO	PET
REFE	RENCES:									
Who	is your veter	inarian?				Pho	one #			_
Other references						Phone #				
If yo	u adopt an aı	nimal from P	AWS FOR LIFE	E, INC. will you ag	ree to the	following?				
To ke	eep the adopt	ted pet curre	nt on health o	check-ups and vac	cinations.	Yes		No		
Purc	hase a propei	rly fitted colla	r and license	with your phone	number an	d animal's	name.	Yes		No
To transfer/register microchip information within 2 weeks of adoption? Yes No							No			
Not to tie or chain the pet as a primary means of confinement.							No			
Wha	t do you cons	sider a reason	able amount	of time to allow t	he pet to a	djust to yo	ur home	?		
ADD	ITIONAL COM	IMENTS								



PO Box 407 Chesapeake City, MD 21915 (302) 376-PAWS (phone) (410) 885-5685 (fax) www.pawsforlife.org ginny@pawsforlife.org

PAWS FOR LIFE, INC. ADOPTION AGREEMENT

ADOPTER'S NAME:				PHONE:
ADDRESS:				
VETERINARIAN:				PHONE:
REMARKS:				
PET'S NAME:			SPECIES:_	BREED:
AGE:	_ SEX:	FEMALE	MALE	
COLOR DESCRIPTION:				
I have carefully considere	ed the suitability o	of this animal to my ho	ome and for my	family.
				all necessary vaccinations. In keeping with this standard o alth checkups at intervals advised by my veterinarian.
I agree to keep an identif or outside of the home, a				ill remain on the adopted animal at all times, whether inside es in my jurisdiction.
I agree to register/transfo	er all microchip in	formation with two w	veeks of the date	e of this contract.
				et from the elements. I further agree not to chain or tie the areas are recommended).
If for any reason I can n animal.	o longer properly	, care for my pet, I a	gree to contact	PAWS FOR LIFE, INC. to make arrangements to return the
I agree not to abuse or no	eglect the adopte	d animal and not to so	ell or release the	e animal for laboratory research purposes.
I agree to supervise and I	pe responsible for	all interactions betw	een the adopted	d animal and any minor children.
I agree to allow PAWS F inquiries may be in the fo		•	•	ut how the animal is adjusting to its new home. Follow-u
		-		nent, or training of the above described animal and agree to any and all liability once the animal is in my possession.
I agree that I have full re animal as of the date of t		liability for the healt	h and conduct o	of the animal adopted and for all costs associated with the
behavioral problems or s	pecial needs will r behavior of dog	be discussed with the s placed for adoption	e adopting person. Families with	s background and experiences; while any known medical oon(s), PAWS FOR LIFE, INC. cannot assume responsibility fo young children should carefully consider the suitability of all.
REMEDY FOR NONCOMP authorities to ensure the			ons are not adh	ered to, PAWS FOR LIFE, INC. will notify the necessary loca
This is a legally binding	g contract.			
Signature of Adopter:_				Date:
DAME FOR LIFE INC. R	oprocontativa			Data