



Claws & Paws Rescue, Inc.



Date: _____ Animal ID# _____ Adoption Receipt# _____

Applicant name: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant's Driver License #: _____ State Issued: _____

Home Phone #: _____

Emergency Contact: _____ Phone #: _____

Personal Reference: _____ Phone #: _____

Your Veterinarian: _____ Phone #: _____

- 1.) Are you prepared to make a 12-16 year commitment to this pet? Yes__ No__
- 2.) Are you prepared to care for this pet financially? Yes__ No__
- 3.) Are you adopting this pet for: pet, companion, yourself, or child? Yes__ No__
- 4.) Are you sure this pet will be compatible with all of your other pets? Yes__ No__
- 5.) Are you current pets spayed or neutered? Yes__ No__
- 6.) Are your pets current on all vaccinations? Yes__ No__
- 7.) Are you prepared to spend quality time with this pet daily? Yes__ No__
- 8.) Are you prepared to deal with behavioral problems? Yes__ No__
- 9.) Are you prepared to deal with any crate or housebreaking training? Yes__ No__
- 10.) Do you or anyone in your household have allergies to pet hair, etc? Yes__ No__
- 11.) Do you have proper accommodations for this pet? Yes__ No__
- 12.) Do you own or rent? If you rent, has the landlord given permission for you to have a pet? Landlord: _____ Phone #: _____
- 13.) If you move will you take your pet with you? Yes__ No__
- 14.) Will this pet spend any time outdoors? Yes__ No__
- 15.) Do you have a fenced in yard? Yes__ No__
- 16.) Would you ever consider giving up your pet? Yes__ No__

If yes, please explain: _____

18.) Have you ever surrendered a pet? Yes__ No__

19.) If your pet develops chronic or serious medical problems, what will you do?

Please explain: _____

20.) Do any children live in the household? If so please list their ages: _____

21.) Please list the current pets in your household by type and age: _____