



Paws For Life Springfield

Pre-Adoption Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Occupation: _____

Who are you applying for? _____

Family & Housing

How many adults are there in your family (their relationship to you)? _____

How many children (ages)? _____

What type of home do you live in single family, town home, apartment, farm, etc.?

If you rent, please give the landlord's name and number:

(by providing this information you are allowing PFLS to contact your landlord)

Are all family members in agreement with the decision to adopt a dog? _____

Where will the dog spend the day? night? (*describe*)

Number of hours (average) per day dog will spend alone? _____

Who will have primary responsibility for this dog's daily care? _____

Who will have financial responsibility for this dog? _____

Do you agree to keep the dog as an indoor dog? Yes No

References

Please provide two personal references not residing in your home:

Name

Phone Number

Other Pets

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If pets are not spayed/neutered please explain reason.

List all pets you have had in the past 5 years and their current location.

Veterinarian

Do you have a regular veterinarian? Yes No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, training if required, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

Signature: _____

Date: _____