

ALWAYS ROOM 4 MORE PAWS

ADOPTION APPLICATION

Please email completed application to alwaysroom4morepaws@yahoo.com
Please complete the application in full. Questions left blank will slow the review process. We check all veterinarian and personal references and will verify rental arrangements with your landlord.

Date:	Animal for which you are applying:		
Applicant Name:		Are yo	u at least 21 yrs. old?:
Co-Applicant Name:		Are yo	ou at least 21 yrs. old?:
Address:		Apt.#:	
City:		State:	Zip Code:
Home Phone:	Cell Phone:	Co-	Applicant Cell:
Email Address:		Do You Own?:	Rent?:
Landlord Name & Number:			Years at this address:
Number of Adults in Household	d: Relations	ship:	
Number of Children in Househo	old: Ages	·	
Is the entire family in agreemer	nt to adopt a pet? Yes	s No	
Why are you looking to adopt a	at this time?:		
Does anyone living in the house	ehold have any allergi	es to animals? Yes	No
Who?	What kind of a	ınimal(s)?:	
How would you describe the ac	ctivity level in your ho	usehold?: Active:	Moderate: Quiet:

Please list all animals you have owned in the past five years:

	Pet #1	Pet #2	Pet #3	Pet #4		
Name &						
Breed/Kind						
Age						
Gender						
Spayed/Neutered						
Date of Last Vet Visit						
Still In Household						
If you no longer						
own the pet,						
please explain the						
circumstances						
Current vet informat	ion:					
Carrent vet informat				•		
Where are your curre	ent pets kept when y	ou are at home?:				
When you are away	rom home?:					
What are you looking	g for in your new pet	:?:				
Age: Breed:		Size:	Gender:			
Activity Level: Personality Traits:						
How long do you expect it will take your new pet to adjust to your home?:						
How much do you expect to spend on your new pet in a 12 month period?:						
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How do you plan to housetrain your new pet?:						
If you are looking to adopt a dog:						
Do you plan on crating your new dog? Yes: No:						
Do you plan on enrolling your dog in obedience training? Yes: No:						
How many hours a day will your dog ho left along?						
How many hours a day will your dog be left alone?:						
Do you have a fence	d yard? Yes:	No: Descri	ibe fence type:			
How do you plan to exercise your dog?:						

What will you do with your pet if you move?	<u> </u>		
Describe in detail how you would handle ea	ch of the following situations:		
Chewing:			
Digging:			
Barking:			
Jumping on people:			
Separation anxiety:			
Housetraining Issues:			
	el is important for us to know about you and/or your family:		
Please supply two personal non-related refe	erences:		
Name:	Phone Number:		
Name:	Phone Number:		