Paws For Life Springfield



Pre-Adoption Application

Applicant Information

Full Name:
Co-Applicant:
Address:
City State
Phone Email
Place of employment
Dog applying for
Family & Housing
How many adults in home Relationship
How Many Children Children's ages
Type of homesingle family condoApt Farm
Is there a securely fenced yardYes NoHeight
If you rent, please give the landlord's name & phone
Do we have permission to call the landlord Yes No
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 the dog's daily care
Who will have financial responsibility for the dog
Do you agree to agree to keep the dog as an indoor dogYes No

References

Please provide 2 personal references outside the home

applications will result in a delay in processing.

Name
Phone #
Name
Phone#
Other Pets
What other pets live in the home (Type of animal ,age, sex)
Are these pets up to date on vaccines
Are these pets spay/neutered? If not please explain
List all pets you have had in the last 5 years and their current location
Veterinarian
Do you have a regular veterinarianYesNo
Veterinarian's name:
Clinic name:
Clinic Address:
Clinic Phone:
Do you agree to provide regular healthcare by a licensed Veterinarian:YesNo
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 good quality food, plenty of fresh water, indoor shelter, affection, training if required, annual physical examination and vaccinations under the supervision of a licensed veterinarian.
Signature of applicant
Signature of co-applicant
PFLS reserves the right to deny any application during the adoption process. Incomplete