

Date of Submission:

Adoption Application
Erna Badstieber
Paws & Claws Adoption Center



In order to be considered as an adopter, you must:

- Be 19 years of age or older.
Have the knowledge and consent of your landlord All landlords will be contacted before an adoption can be completed.
Be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care for a pet.
Incomplete applications will be subject to denial.

The Erna Badstieber Paws & Claws Adoption Center reserves the right to refuse adoption to anyone.

Are you interested in a: [] Cat [] Dog [] Other?

Would you be interested in fostering? Yes [] No []

Name of The Pet You Are Interested In _____

Personal Information

Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Primary Phone: _____ Email Address: _____

(needed to complete microchip registration – please print legibly)

How did you hear about us? Facebook Website Newspaper Word of Mouth Other

Please list two non-family references that know you personally:

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

Employment Information

Are you currently: [] Employed full time [] Employed part time [] Unemployed?
[] Student [] Retired Other _____

Where do you work? _____

Home Information

Do you own [] or [] rent your home?
Landlord's Name: _____
Phone Number: _____

[] House [] Apartment [] Farm [] Mobile Home Other _____

All landlords will be contacted prior to approval of adoption application.

Landlord Approves [] Disapproves [] Staff member initials _____

Date of Submission:

Do you intend for this animal to primarily live: Indoors Outdoors Both

Do you have a fenced yard? Yes No

For dogs, if no fence, how will this animal be confined when outside?

Tie out chain (for how long each day) _____ hours Always on a leash Outside kennel

Invisible fence _____

Family Information

How many adults live at this home? _____

How many children live at this home? _____ Ages _____

Are children frequently at this home? _____ Ages _____

Does anyone in your family have allergy problems? Yes No

Adoption Information

Why do you wish to adopt this pet? Check all that apply:

- Love animals, want to help a pet in need
- Companionship
- My Children will learn to be responsible for/care for another creature
- Want for breeding purposes
- Guard dog for home/property

- Feel sorry for the animal.
- Animal is cute, just can't leave it behind.
- Gift for someone else. If so, whom? _____
- Companion for another pet

Feel free to explain!

How will your pet get its exercise?

- Taken on daily walks/runs
- Just short walks

- Couch potato
- Yard exercise

- Indoor play.

Current and Past Pets

Have you ever given up a pet OR been denied by another shelter or rescue for any reason? Yes No

If yes, please explain _____

How many years do you expect this animal to live? _____ (Please indicate years as a number)

Are the pets you own now (or previously owned) kept current on their vaccinations? Yes No

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Please tell us about the pets you have owned over the past ten years, if applicable:

Cat Dog Other	Name	Age	Sex	Breed	Spayed/ Neutered		Length of Ownership	Still Own?	If no, where is the animal now?
					Yes	No			
					Yes	No			
					Yes	No			
					Yes	No			
					Yes	No			
					Yes	No			

Veterinary Care What veterinary care to you provide for your pets?

Dogs Distemper/Parvo _____ Flea Control _____ Rabies _____
 Kennel Cough _____ Dentals _____ Heartworm prevention _____
Cats Distemper _____ Feline Leukemia _____ Flea Control _____
 Dentals _____ Rabies _____

If adopting a cat, do you intend to have it declawed? _____

Who is your current Veterinarian/Clinic? _____ Phone: _____

We reserve the right to contact your veterinarian to confirm information found on this application.

Training and Behavior

Do any of these behaviors or characteristics present a problem for you:

- Jumping on furniture
- Barking/howling
- Clawing on furniture
- Chewing
- Jumping on people
- Shedding
- Digging.

If your pet has a potty accident in your house, what do you do?

If your pet needs additional education, do you feel you are qualified to provide training or are able to participate in classes? Yes No

Responsibility

Are all members of the household (including roommates) in agreement and are aware of the intent to adopt an animal? _____

Who will primarily be responsible for this pet? _____

If under the age of 19, how old is this person? _____

Where will the pet sleep at night? In the house? In the garage? In an outside kennel?
 Other: _____

If you move in the future, what will you do with this pet? _____

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What would cause you to return the pet to us or give the pet away in the future? (Check all that apply):

- Unable to house-train pet
- Pet bites someone
- Changed my mind about care for pet
- Divorce, death of spouse/partner
- Pet develops serious medical condition
- Too much energy, hard to control
- Change in relationship, new love interest does not like pets
- Kids go away to school, do not want to care for pet.
- Nothing, once I commit to a pet is stays for life.
- Pet chews and is destructive.
- New pet does not get along with existing pet(s)
- Not enough time for pet.
- Found out I am not a "dog" person.
- Found out that I just do not like the pet.
- Can't afford.
- Life change, such as new job.
- New Baby in family

Other, please explain: _____

The Erna Badstieber Paws & Claws Adoption Center is a non-profit organization. By signing below, I understand that I am entering into a contract with the Adoption Center. I certify that the above information is correct, and I recognize that any misrepresentation of fact will result in losing adoption privileges. **I authorize investigation of all statements in the application and understand that veterinarians, other humane societies, landlords, etc. may be contacted.** I further understand that this adoption process may take up to 48 hours.

We hope that each adoption is successful, but animals may be returned for full refund within the first 7 days. After that time, returned animals are treated as owner surrenders and any applicable surrender fee will apply.

Adopter Signature _____ Date: _____

Application reviewed by: _____ Date: _____

FOR OFFICE USE ONLY:

____ Vet Called: _____

____ Landlord Called: _____

APPROVED or DENIED.

