POWERful Paws Animal Rescue, Inc. Adoption Application

All applicants must be at least 21 years of age or older. Please Understand that applicants are not on a first come first serve basis. Approval is based on what will be best for the pet and the applicant.

Name:				
Address:				
City:	State:		Zip:	
Cell/Home Phone:	Wo	rk Phone:		
E-mail:				
Home: Own:Ren	t: (If you	rent please	provide your	landlord's name and
phone number				
Occupation:				
Employer Name:				
Number of Adults in the home:_	Num	ber of Chile	dren & Ages:_	
Is there a particular pet you are	e interested in? If so	, please sp	ecify name:	
Please list any pets you own be	elow:			
Pet's Name	Species	Age	Spayed/ Neutered	Additional Information

What breed(s) of dogs have your children lived with?:
Tell us about the pets you had in the last ten years:
Describe your home environment in 5 words or less:
Do you live in a: House Townhouse: Apartment: Duplex:
Do you have a fenced in yard? Yes No: If you do not have adequate fencing (i.e, a totally enclosed, secure fence), how will you provide security and safety for your pet when outside?
Explain why you want to adopt this animal: Companionship Gift:Guard Dog: Personal: Protection: For a Child: Other:
Please describe your level of experience in pet ownership:
On average, how many hours per day will your pet be left alone?
Please tell us how you would correct a pet's unwanted behaviors:
Describe what life would be like for a pet that joins your family:
What provisions would be made for your pet if alone during the evening?
What provisions would be made for your pet when you go on vacation?

Jnder what circumstances would you give up your pet?
Have you ever had a pet lost or injured? Yes No:
f yes, please explain:
Are you willing to take responsibility for this pet for the next ten years or more?
Yes No:
How much do you think it will cost to take care of this animal each year? Please consider the cost of veterinary care, food, grooming, toys, licensing, etc: \$
We require that all pets adopted through us be spayed or neutered: (Initials) Do you have any questions about this policy?Yes (Please explain below) No:
APPLICANT REFERENCES: If you currently owned a pet or have owned a pet within the last 7 years, one reference must be a Veterinarian. (Please contact your Veterinarian before or directly after submitting this application to give them permission to release your pet records to a representative of POWERful Paws Animal Rescue, Inc.
Veterinarian Name and Phone Number:
f you Rent, please provide your landlord's name and phone number:
PERSONAL REFERENCES and PHONE NUMBERS: A minimum of two references are required.
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A home visit it required by a representative of POWER final decision:(Initials)	Rful Paws Animal Rescue prior to making a
I certify that the above information is true and correct acknowledge falsification of the above can result in m	
I understand POWERful Paws Animal Rescue reserve Adoption approval and refusal decisions are made so Animal Rescue.	·
Sign Name:	Date: