



PAWS RC Dog Adoption Application Form

P.O. Box 399 Lake Lure, NC 28746

*Tel: 888-422-7303 * Email: pawsofrc@gmail.com*

Please note that PAWS only adopts dogs to homes in which they will be kept primarily indoors.

Date:

Pet Interested In:

Personal Information

1. Name of Applicant:
 - a. Age: Under 21 _____ Over 21 _____ If under 21, how old? _____
2. Name of Spouse/Partner:
3. Application Address: Please provide Street Address, City, State, Zip Code:
4. How long have you been at this address? _____ Years _____ Months
5. Home Phone: _____ Cell: _____ Work: _____
6. Email Address:
7. Applicant Occupation:
8. Employer Name, Address & Phone Number:
9. Spouse/Partner Occupation:
10. Spouse Employer, Address and Phone Number:
11. Number of adults living in this household with ages:
12. Number of children living in this household and their ages:
13. Is anyone living in this household either pregnant or trying to become pregnant? _____ Yes _____ No

Housing Information

1. What type of environment do you live in? _____ Rural _____ City _____ Suburb
2. What kind of housing do you live in? _____ Apartment _____ House _____ Mobile Home
3. Do you rent or own? _____ Rent _____ Own
 - a. If you rent, do you have permission from your landlord to own a companion animal?
 - b. If so, is there a limit on the weight or size? Please explain:
4. Please provide your landlord's name, address, and phone number:

Pet Ownership/Preferences History

1. What other dogs/cats have you previously owned and what happened to them? (State pet's name, age, if spayed/neutered, reason for giving up/cause of death?)
2. What other dogs/cats currently live in your home? (List names, breed, age, sex, and any health issues they may have and if they are spayed/neutered or not.)
3. Are the above named animals UTD on age appropriate shots and Rabies vaccines?
4. Are any above mentioned animals on monthly Heartworm Prevention? Yes No
 - a. If so, what brand?
 - b. If not, why?
5. Are there any other types of animals currently living in your home? If so, please describe.
6. What do you know about this breed in question? (It is required that you research this breed's traits/habits.)
7. Are there any specific habits/problems you are NOT willing to work with? Yes No
 - a. If yes, please explain:
8. Gender Preference: Male Female No Preference

Outdoor Containment Information

1. Do you have a fenced-in yard and is it connected to the house? (Entire yard, front yard only, backyard & attached to back door, etc):
2. What is the height & dimensions of the fenced-in area? Please be specific as this info is REQUIRED & PERTINENT to the approval of your application.
3. Please describe your fencing materials (chain link, wooden stockade, vinyl rail...2, 3 or more rails):
4. Is it reinforced with wire? If so, what kind of wire? (chicken, field, hog, or upright slats, etc.)
5. What type of gates do you have? Please describe as in question #
6. Can these gates be opened by children? Yes No
7. If you don't have a fenced-in yard, how will the animal be exercised and allowed to eliminate?
8. Do you understand that if this dog is any kind or variation of a hound breed, you will need to have a securely fenced-in yard or promise to keep the dog on a leash at all times whenever it is outdoors? Yes No
9. Who will supervise outdoor activities?

10. Do you have any of the following? Pet door, Kennel run, Dog house, Stake, Tie-out, Cable run, Crate or None. Please describe:

Pet Care Information

1. Which member of the family will be taking the MAJOR responsibility for the care of this animal?
2. Does anyone in your family have allergies to ANY animal? Yes No
3. Does anyone in your household have a problem with impulse control? (People with an impulse control disorder can't resist the urge to do something harmful to themselves or others.) Yes No If yes, please explain:
4. What are your plans for this animal? Please select all that apply.
 Protection/Guardian Companion Child's Pet Pet Therapy Agility
 Obedience Herding Ranch Work Other (please explain)
5. If this pet has (a) medical condition(s) are you financially, emotionally, and physically able to provide and administer medication(s) as needed for the treatment of this condition? Yes No
6. Have you ever trained a dog in obedience classes? Yes No
7. Are you planning on taking your adopted dog to an obedience class? Yes No
8. Have you ever sold, given away, or surrendered a pet? If so, please provide details of situation:
9. How much time are you willing to give the dog to adjust to its new environment & family members?
10. Are you willing to take the time to work with the dog if it's not housebroken? Yes No
11. Will the animal live in the home? Yes No
a. If not, where will it live? Please explain:
12. What type of shelter will be provided if/when the dog is outside (dog house, patio, deck overhang, etc.)?
13. Where will the animal sleep at night and be kept when there is no one at home (crated, free roam of home, laundry/kitchen area, fenced-in yard, etc.)?
14. On the average, how many hours will the animal be left alone during the day?
15. What is the activity level of your household? Busy, visits by friends, meetings, children, parties at home, noisy-TV, stereo, machinery, tools, kids playing; moderate-normal comings and goings; quiet-homebodies, few guests. Please describe:
16. Do you believe in dog crates? If so, for what exact purpose(s)?
17. If you had to move and your new landlord did not allow pets, what would you do with your companion animal?

18. When you go on vacation, will your pet accompany you or who would care for it?
19. Under what condition(s) would you consider giving up your companion animal?
20. How will your animal travel to the vet or other places? (Crated, doggie seatbelt, free in the car/van, tethered or in a crate/box in the bed of a truck)
21. What arrangements have you made for your companion animal(s) if you could no longer care for them (i.e. moving, overseas, extended hospital stay, nursing care facility, death)?
22. Are you willing to allow a PAWS RC Representative to visit your home? _____ Yes _____ No
 - a. If not, why?

Veterinarian Information

Who is your current Veterinarian or one you have previously used? (IF used within the past 5 years)
Please provide the Veterinarian/Pet Hospital Name, Address and Phone Number:

Reference Information

Please list the names, addresses, phone number of 3 Non-Related personal references whom you have known for at least three years and who are familiar with your pet ownership history:

- 1.
- 2.
- 3.

Finally, please tell us a little about yourself and why you feel you could provide a good home for this rescued companion animal:

Our goal in rescuing and re-homing animals is to provide them with a loving home for the rest of their lives. The adoption/re-homing fee covers some their medical costs associated with the animal, medical and daily care during their foster period, and any special care. All animals adopted by PAWS RC MUST be spayed/neutered prior to finalizing the placement. Your signature below states that you understand any future medical costs are your responsibility, and we have made full disclosure regarding our & our vet's knowledge of the health of the animal.

Sometimes, for reasons beyond anyone's control, the adoption does not work out. In this case, the animal must be returned to PAWS RC at the adopter's expense, although PAWS RC will try to arrange a rendezvous to minimize the adopter's inconvenience.

By signing this application, I attest to the fact that I am 21 years of age or older, and that the above information provided is correct, to the best of my knowledge. PAWS RC and adopter agree to accept typed in names (electronic signatures) acknowledging approval of this agreement, to be the equivalent of actual signatures of the parties.

Signature:

Signature of Spouse/Partner: