

Paws Petcare & Wellbeing Ltd

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DOG ADOPTION APPLICATION

**PLEASE GIVE CAREFUL CONSIDERATION TO ADOPTING! BE SURE YOUR LIFESTYLE ALLOWS THE TIME, PATIENCE AND EXPENSE THIS PET WILL NEED.
ADDING A PET TO YOUR FAMILY IS A 10 TO 15 YEAR COMMITMENT.**

APPLICANTS INFORMATION

(please print clearly and answer all questions)

Applicants Full Name			Are you over 18?		
Co-Applicant's Full Name			Relationship to Applicant		
Street Address, City, State, Postcode					
Home Phone		Mobile Phone		Email	
DOG INFORMATION					
Name of Dog you are applying for?				Breed	
Why do you want to adopt a Dog? <input type="checkbox"/> Family Pet <input type="checkbox"/> Companion <input type="checkbox"/> Protection <input type="checkbox"/> Gift <input type="checkbox"/> Other					
If Gift, Protection or Other please explain.					
What are you looking for in a Dog?					
Age: <input type="checkbox"/> 2 – 6 Months <input type="checkbox"/> 6 – 12 Months <input type="checkbox"/> 1 – 6 Years <input type="checkbox"/> 7 Years +				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference	
Coat: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> No Preference				Color Preference:	
Personality: <input type="checkbox"/> Playful <input type="checkbox"/> Calm <input type="checkbox"/> Shy <input type="checkbox"/> Affectionate <input type="checkbox"/> Likes Dogs <input type="checkbox"/> Likes Cats <input type="checkbox"/> Likes Kids					
Health Preference? <input type="checkbox"/> Healthy Only <input type="checkbox"/> Short Term Problems <input type="checkbox"/> Special Needs <input type="checkbox"/> No Preference					
Where will the Dog live / sleep? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Inside and Outside <i>(Please explain further below)</i>					
Are you willing to take the time to housebreak a dog, and do you understand that changing a dog's living environment may cause the dog to have accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you are applying for a puppy or dog that is not house trained, how will you housetrain?					
If behavioral issues should arise, what actions will you take?					
How will you exercise the new dog?					
How many hours will the dog be left alone: Daytime? Evening?					
When no one is home or during traveling where will the dog stay?					

If you must move, what will you do with your new Dog?	
Have you ever been charged for any dog related Offences? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Do you agree the dog will NOT be used for fighting, breeding, illegal activities or be found at any time in a location where its presence is illegal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have all household members met and agreed on a new Dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What reasons do you feel are valid for giving up a pet? Check all that apply. <input type="checkbox"/> Fleas <input type="checkbox"/> Shedding <input type="checkbox"/> Expenses <input type="checkbox"/> Noisy <input type="checkbox"/> Chewing/Clawing <input type="checkbox"/> Destructive <input type="checkbox"/> Bites <input type="checkbox"/> New Baby <input type="checkbox"/> Moving <input type="checkbox"/> Marriage / Divorce <input type="checkbox"/> Doesn't Listen <input type="checkbox"/> Pets Medical Condition <input type="checkbox"/> Don't Have Time For The Animal <input type="checkbox"/> Would not Consider giving it up <input type="checkbox"/> Other (<i>please explain</i>)			
PET AND VETERINARY HISTORY			
Have you ever had to give up ownership of a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please explain.			
Do you currently have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Please complete the information below.			
	Pet 1	Pet 2	Pet 3
Pet's Name			
Type of Pet / Breed			
Sex / Age			
Spayed or Neutered			
UTD with Registration			
UTD with other Vaccines			
Indoor or Outdoor			
Current Veterinarian's Name and Telephone number?			
Name of person on file with the Vet?			
Name of Veterinarian you will use for your new pet?			
Contact info for Veterinarian you will use for your new pet?			

Is your Residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex <input type="checkbox"/> Other (<i>explain</i>)			
If you live in a Apartment or Rent – Does the Association or Landlord have Breed or Size Restrictions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure			
If yes, please explain.			
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/Parents <input type="checkbox"/> Live w/Friends <input type="checkbox"/> Other (<i>explain</i>)			
If you live with Parents, Friends, or Rent – Do you have permission to have a Dog? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you Rent, please provide the Name & Telephone number of the Landlord.			
Landlord Name		Telephone	
How long at your current residence?			
Is your Yard Fenced in? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type and height?			
Any Holes or Gaps in the Fence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
Do you have a secure area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Adults in the household?		Number of Children in the household?	
Please list all members living in the household.			
Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age

AGREEMENT AND SIGNATURE	
<p>By signing this application I attest that the information provided is true and accurate and understand false information will result in denial of adoption. Also, if an omission or untruth is discovered after an adoption takes place, Paws Petcare & Wellbeing Ltd reserves the right to annul the adoption and reclaim the animal. While PAWS makes every effort to ensure that all animals available for adoption are healthy, it is possible that any animal may have an underlying health issue unknown to PAWS or our veterinarian. I hereby authorize the PAWS to receive information from Veterinarians and others listed on this application.</p>	
Signature:	Date:
All Adopted DOGS MUST leave the Centre on a Leash	
<p>If for any reason you or your new DOG is unhappy after the adoption, we ask that you wait at least 48 hours before returning the animal. If your DOG is having trouble adapting to your home please call us with any questions.</p>	

PAWS USE ONLY

Date Application Received:

Name & ID of Dog:

Received By:

Date Adopted:

Medical Records Given:

Microchip:

Approved By:

Denied By:

Reason For Denial :

(Explain further in the comments section.)

Medical Records need to be mailed:

Adoption Agreement Signed:

Assessor/Landlord Verified?

Other Comments/Concerns: