

A CAUSE FOR PAWS



rescue & adoption
•NYC•

For Internal Use Only:

CAT

DOG

Name of Dog/Cat _____

Volunteer _____

Refs Checked Pers Pers Vet

Comments _____

ADOPTION APPLICATION FORM

Date _____

We are a 100% volunteer organization. We appreciate your time and concern. We will do our best to find the right pet for you but first we need your help. Please take a few moments to read and complete this application. If you do not see an animal that is right for you here at this time, we will keep your application on file and contact you when we feel we have rescued the dog/cat you are looking for. In the meantime, you are welcome to stop by and visit us as often as you want. **We respect your privacy and will not share nor sell any information you provide!**

The decision to have a pet is a very important one. In order to ensure that both you and your pet will be happy for years to come, we need to take time discussing the animal's individual needs and personality traits, our follow-up services and training.

Before you begin your interview with an adoption counselor, please note that you:

- Must be prepared to pay a minimum donation of \$150 for cat or dog (includes counseling);
- Must be at least 18 years of age;
- Must provide the name of a personal reference that we can reach on the phone during the interview (in addition, we will need to speak with all adults currently residing in your household);
- Should understand that we can not guarantee that an animal has had any training or is housebroken;
- Should understand that we can not guarantee the health of our animals; and
- Should understand that A CAUSE FOR PAWS reserves the right to deny any application.

+PERSONAL DATA+

Name _____ Occupation _____

Address _____ Company _____

Apt # _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone (h) _____ Phone (w) _____

E-mail _____ Phone (cell) _____

Would you like to receive newsletters via e-mail? Yes No

Would you be interested in volunteering with us at A CAUSE FOR PAWS? Yes No

+PERSONAL REFERENCES+ (not living with you and reachable by phone during this interview)

REFERENCE NAME	ADDRESS	CITY	STATE	ZIP	PHONE
1					
2					

+MEDICAL REFERENCE+ (if you currently have a pet or recently lost one within the past year)

VETERINARIAN'S NAME	PET'S NAME	VET PHONE NUMBER	CITY	STATE

+HOUSEHOLD INFORMATION+

Who will be responsible for your pet? _____

Do you live alone? _____ If not, who are the other members (please fill in below):

1		2		3		4	
	working hrs				working hrs		

Maximum number of hours pet will be left alone? _____

How many children are at home? _____ List ages here: / / / / / /

Are any members of your family allergic to animals? _____

Do you: Own Rent Does your landlord/lease allow pets? Yes No
 Elevator in building? Yes No Do you have screens on your windows? Yes No
 Fenced in yard? Yes No Where will your pet primarily be kept? Inside Outside
 Are you moving? Yes No If so, when? _____

+PET INFORMATION+

What kind of pet do you want? _____ Why do you want a pet? _____

For whom is the pet for? Self Gift Will you have your pet neutered/spayed? Yes No
 Will you have your pet declawed? Yes No

If you are interested in adopting a dog, what are your plans for training him/her? _____

Are there any other pets **currently** living in your household? Yes No If yes, how many? _____

Age	Sex	Breed	Spayed/Neutered?	Age	Sex	Breed	Spayed/Neutered?
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

How long have you had your pet(s)? _____

Where did you get your pet(s)? _____

What do you currently feed your pet(s)? _____

Has your pet(s) been vaccinated? Yes No If yes, when? _____

If you have a cat, is he/she declawed? Yes No

If you have a dog, have you given him/her training? Yes No If so, what kind? _____

Have you ever had a pet not currently in your care? Yes No If yes, what breed(s)? _____

How long did you have your pet(s)? _____

Where did you get your pet(s)? _____ Where is that pet now? _____

Has one or more of your pets died within the last 12 months? Yes No

Please circle cause: Age Accident Illness

+YOU & A CAUSE FOR PAWS+

Have you applied to adopt from A CAUSE FOR PAWS before? Yes No If yes, when? _____

How did you hear about us? _____

THANK YOU FOR YOUR TIME & INTEREST!