



The Pet Adoption and Welfare Society  
(PAWS)

**Dog Adoption Application Form**

**Contact Information**

Full name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

How long at this address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Email address: \_\_\_\_\_

**Family & Housing**

How many adults are there in your family (their relationship to you)?  
\_\_\_\_\_

How many children (ages)?  
\_\_\_\_\_

What type of home do you live in single family, town home, apartment, farm, etc.?  
\_\_\_\_\_

Please describe your household:  Active  Noisy  Quiet  Average

If you rent, please give the rules governing pets.

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Does anyone in the family have a known allergy to dogs? \_\_\_\_\_

Is everyone in agreement with the decision to adopt a dog? \_\_\_\_\_

Do you have time to provide adequate love and attention? \_\_\_\_\_



## The Pet Adoption and Welfare Society

### Other Pets

What other pets do you have (specify type and number)?

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Are these pets up to date on vaccines? \_\_\_\_\_

Are these pets spayed/neutered? If not..why? \_\_\_\_\_

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Have you every surrendered a pet? If so, why?

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Have you ever had a pet euthanized? If so, why?

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Have you ever lost a pet to an accident?

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How do you discipline your pets and why?

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### Veterinarian

Do you have a regular veterinarian? \_\_\_ Yes \_\_\_ No

Veterinarian's name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

(By providing PAWS with this information you are allowing us to call your vet. Please call your vet and ask them to authorize the release of information to PAWS.)



## The Pet Adoption and Welfare Society

### About the Dog You Wish to Adopt

If you are wishing to adopt a specific dog that is available, please list the dog's name and breed here \_\_\_\_\_

If you are interested in getting pre-approval for a possible future adoption, please complete:

Desired age: \_\_\_\_\_ Desired Size: \_\_\_\_\_

Desired breed: \_\_\_\_\_

Breed you would not adopt: \_\_\_\_\_

Desired sex:  Spayed Female  Neutered Male  No preference

Willing to adopt:  outgoing/hyper dog  shy dog  
 dog that needs regular medication  dog that needs training  
 dog that needs grooming  None of these

**\*\*\*All applicants (fosters, adopters) must complete the following information:**

Where will the dog spend the day? (*describe*)

\_\_\_\_\_

Where will the dog spend the night? (*describe*)

\_\_\_\_\_

Number of hours (average) dog will spend alone? \_\_\_\_\_

Who will have primary responsibility for this dog's daily care? \_\_\_\_\_

Who will have financial responsibility for this dog? \_\_\_\_\_

Do you agree to provide regular health care by a Licensed Veterinarian?  Yes  No

Do you agree to keep the dog as an indoor dog?  Yes  No

When the dog goes out, how do you plan to supervise it? Fenced yard?

Do you agree to contact PAWS if you can no longer keep this dog?  Yes  No

Are you be willing to let a representative of PAWS visit your home by appointment?

Yes  No



## The Pet Adoption and Welfare Society

Would you be interested in fostering?  Yes  No  Would like to know more

### Personal References

Please list someone who is familiar with both you and your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please send this completed form to:

PAWS  
P. O. Box 2440  
Burlington, NC 27216

Fax: 336.227.8839

Email: [pawsburlington@gmail.com](mailto:pawsburlington@gmail.com)

Visit our website at [www.PawsofAlamance.org](http://www.PawsofAlamance.org)