

Board Approval Date _____
DD/MMM/YY

Shelter Leaving Date _____
DD/MMM/YY



CRESTON PET ADOPTION AND WELFARE SOCIETY
2805 Lower Wynndel Road, Creston, B. C. V0B 1G8
Phone: 250-428-7297
Email: pets@pawscreston.ca Website: paws-crestonbc.org

ADOPTION APPLICATION FORM - DOG

APPLICANT INFORMATION

Name(s) _____

Over 19 years of age yes no Verified by picture ID yes no

Contact Information

Email Address _____ Home Phone _____

Cell Phone _____ Work Phone _____

Mailing Address _____

Residential Address *(if different mailing address)*

REFERENCES

PAWS requires references from two people who are **not family members, who do not live with you, and who can verify that you care for pets responsibly.** It is helpful to let your references know that they will be contacted by PAWS to provide a reference for you. Your signature(s) on this form gives PAWS permission to contact these references. **VETERINARIANS DO NOT MAKE GOOD REFERENCES AS THEY ARE HARD TO REACH.**

Name _____ Relationship to you _____

Home Phone _____ Cell phone _____

Address _____

Name _____ Relationship to you _____

Home Phone _____ Cell phone _____

Address _____

Are all your family members in agreement to adopt this dog? yes no

Describe your home house town house or duplex apartment mobile other

Do you own or rent your home?

If you rent, does your landlord agree to you adopting this pet? yes no

Do you currently have pets? If yes, please complete the chart below (use separate paper if necessary)

Species/Breed	Age	Vaccination Dates	Spayed/Neutered	Gets along with Other Pets
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any of your current pets have chronic medical or behavioural issues? yes no

If yes, please specify. _____

May we contact your veterinarian for further information? yes no

The Right Dog For Your Family's Lifestyle

Activity level in your home: noisy quiet busy hectic very hectic moderate

What qualities are you looking for in a dog? _____

How would you describe your lifestyle? _____

What age range are you interested in? Puppy Under a year Up to 5 years Senior

Will the dog live Indoors Outdoors Indoors/Outdoors

What are your plans for the dog when you are gone for the day? In bad weather? _____

What would you do if this dog didn't get along with your current pets? _____

What are you most concerned about in adopting a dog? _____

What behaviour do you think you can't tolerate or would be difficult for you to manage? _____

What are your reasons for wanting to adopt this dog? _____

What kind of temperament are you looking for in a dog? _____

How much time – daily - are you able to offer the dog? _____

What arrangements will you make for the dog's care when you are away from home for longer than 12 hours? _____

Where would the dog stay in your home, sleeping arrangements? _____

Are you thinking of moving in the near future? If so, have you thought ahead to whether the dog can go with you? What arrangements would you make if you had to move?

Is there any other information that would be helpful for us to know when considering this application?

SIGNATURES

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Board Signature _____ Date _____

Board Signature _____ Date _____

FOR OFFICE USE ONLY:

Date received at PAWS: _____ PAWS Agent: _____

DENIAL OF APPLICATION

This application was denied by the PAWS board of directors for the following reason(s):

Director Signature _____ Date _____

Director Signature _____