

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: [paws@kootenay.com](mailto:paws@kootenay.com) Website: [paws-crestonbc.org](http://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 \_\_\_\_\_

Where did you hear about this pet?     PAWS Web site     PAWS Facebook Page  
 Advance News Paper     Adopt-A-Pet Website     Other \_\_\_\_\_

**HAVE YOU ADOPTED OR FOSTERED PETS FROM PAWS IN THE PAST?**     yes     no  
**If yes, complete the following chart:**

Species	Names of pet(s)	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

**YOUR VETERINARIAN'S INFORMATION**

Do you currently have a veterinarian for your pet(s)?     yes     no    If yes,  
Name: \_\_\_\_\_    Location: \_\_\_\_\_

**Payment of Fees:**

Adoption fees must be paid on collection of the pet by cheque, or cash. The adoption fees are as follows:

Dogs    \$200.00  
Unaltered Dogs & Puppies    \$250.00

These prices include Vet check, vaccinations, micro-chipping and a \$45.00 voucher at the Creston Veterinary Clinic if they have not already been spayed/neutered.  
Prices are subject to change without notice.

**Adoption Family Profile: Is this DOG right for YOUR family?**

This form, along with reference checks allows you to apply for pre-approval to adopt a PAWS dog. However, even though you have been pre-approved, PAWS will consider the specific needs of the specific dog you wish to adopt before the adoption is finalized. For example, the dog may have medical, mobility, or behavioural issues that will affect the kind of environment that he or she needs to flourish in. To ensure that the needs of the dog and of your family are met, you may be asked to allow a home check before the adoption is finalized.

**Name of applicant** \_\_\_\_\_    **Name of Dog** \_\_\_\_\_

**Description of your household**

Does anyone in your family have allergies to dogs? If yes, how would you cope with that? \_\_\_\_\_

\_\_\_\_\_

Number of members in your household? \_\_\_\_\_

Do you have any children at home?     yes     no    Ages: \_\_\_\_\_

Who will be primary caregiver for the dog? \_\_\_\_\_

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 \_\_\_\_\_