

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 – OTHER PET

APPLICANT INFORMATION

Name(s) _____

Over 19 years of age or older yes no

Verified by picture ID yes no

Contact Information

Email Address _____ Home Phone _____

Cell Phone _____ Work Phone _____

Mailing Address _____

Postal Code: _____

City: _____

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 referees 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.

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
_____	_____	_____
_____	_____	_____

Describe your home house town house or duplex apartment mobile other

Do you own rent?

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

YOUR VETERINARIAN'S INFORMATION

Do you currently have a veterinarian for your pet(s)? yes no If yes,

Name: _____ Location: _____

SIGNATURES

Applicant Signature _____ Board Signature _____

Applicant Signature _____ Board Signature _____

Date _____ Board Approval Date: _____

Payment of Fees:

Adoption fees must be paid on collection of the pet by cheque, or cash. The adoption fees are dependent on the animal being adopted.

FOR OFFICE USE ONLY:

Date received at PAWS: _____ PAWS Agent: _____
Initial

DENIAL OF APPLICATION

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

Director Signature _____ Date _____

Director Signature _____