

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: pawscreston.ca

ADOPTION APPLICATION FORM - DOG

APPLICANT INFORMATION

Name(s) _____

Over 19 years of age yes no

Can you verify by picture ID if asked yes no

Contact Information

Email Address _____ Home Phone _____

Cell Phone _____ Work Phone _____

Mailing Address _____

Postal Code: _____

City: _____

Residential Address (if different mailing address)

Payment of Fees:

Adoption fees must be paid on collection of the pet by **cheque, or cash.**

The adoption fees are as follows:

Puppies (with first vaccination only but includes spayed/neuter voucher \$45.00) \$250.00

Dogs (spayed/neutered and have had first vaccination) \$200.00

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.

Thank you so much for your application. Also thank you for providing the following details to insure PAWS can find the best match for both the animal and your family. We try to make every adoption a success!

REFERENCES

PAWS require two reference from 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 reference 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 Website PAWS Facebook Page

Advance Newspaper 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: _____

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

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. Are you aware of this breeds characteristics, good and bad? yes no

Name of applicant _____ Name of Dog _____

Description of your household

Does anyone in your family have allergies to dogs? yes no

Number of members in your household? _____ Do you have other animals in the home? yes no

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

Have you visited the dog with ALL members of your household? yes no Date _____

(We recommend calling the shelter to discuss introducing other pets to see if they are compatible at the shelter before submitting application)

Describe your home house town house or duplex apartment mobile other

Do you own rent

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

Landlord Phone number _____

If you move in the future what would your plan for the dog? _____

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. _____

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? _____

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

Will the dog live Indoors Outdoors Indoors/Outdoors

How many hours a day will the dog be left alone? _____

Do you have experience with this breed or other breeds? _____

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 will this dog be exercised? _____

Do you have someone you have for the dog's care when you are away from home for longer than 12 hours? If no what would be your plan? _____

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

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 _____