



CRESTON PET ADOPTION AND WELFARE SOCIETY

2805 Lower Wynnndel Rd. Creston BC V0B 1G8

Phone: 250-428-7297

Email: pets@pawscreston.ca Web: pawscreston.ca

Board Approval: _____
DD/MMM/YY

Left Shelter: _____
DD/MMM/YY

ADOPTION APPLICATION/FAMILY PROFILE - DOG

Name of Dog: _____

APPLICANT INFORMATION

Name(s) _____

Are you 18 years or older? Yes No

Can you verify by picture ID if asked? Yes No

Contact Information

Best number to reach you: _____

Email Address: _____

City/Town: _____

Fees

- Adoption fees must be paid by cheque, debit, or cash when you pick up your pet.
- Adoption fee is:
 - **Puppies** (first vaccination only, vet check, and a \$45 spay/neuter voucher valid at the Creston Veterinary Hospital if the puppy hasn't been spayed/neutered) **\$250**
 - **Dogs** (first vaccination, vet check, and spay/neuter) **\$200**

Thank you for your application. The Family Profile on pages 3 and 4 helps ensure the dog and your family are a great match. We try to make every adoption a success!

REFERENCES

PAWS requires 2 references from people who are **not** family members, who do **not** live with you, and who can verify that you care for pets responsibly. It helps to let your references know that PAWS will be contacting them. Your signature(s) on this form gives PAWS permission to contact these references. **Vets don't make good references as they're hard for us to reach, possibly delaying your application.**

Reference #1: _____ Relationship: _____

Home Phone: _____ Cell phone: _____

City/Town: _____

Reference #2: _____ Relationship: _____

Home Phone: _____ Cell phone: _____

City/Town: _____

Where did you hear about this dog? PAWS website PAWS Facebook Page Advance Newspaper
 Adopt-A-Pet website Other _____

Have you adopted a pet from PAWS before? Yes No

If yes:

Species	Name of pet	Date Adopted
_____	_____	_____
_____	_____	_____

VETERINARIAN INFORMATION

Do you have a regular veterinarian? Yes No

Name: _____ Location: _____

If you have pets, please complete below (use separate paper if necessary):

Species/Breed	Age	Vaccinations up to date	Spayed/Neutered	Gets along with other pets
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

May we contact your vet if we have further questions about the illness or medical condition? Yes No

ADOPTION FAMILY PROFILE

The needs of the dog always come first. For example, the dog may have medical, mobility, or behavioural issues that will affect the kind of environment it needs.

How many people are in your household? _____

Are there children at home? Yes Ages: _____ No

Is anyone in the family allergic to dogs? Yes No

If so, how would you cope if they are allergic to the dog? _____

Activity level in your home: Quiet Noisy Average Busy

Do all family members agree with the adoption? Yes No

Have all family members visited the dog? Yes: Date _____ No

Do you have any family pets (like another dog) that should meet this dog before the adoption is complete?

Yes No

What age of dog are you looking for? Any age Puppy Under 1 year Up to 6 years Senior

What qualities are you looking for in a dog? _____

Are you familiar with the characteristics, size, and activity level of the breed of this dog? Yes No

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

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

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

Who will be main caregiver for the dog? _____

Will the dog live: Indoors Outdoors Indoors/Outdoors?

Where will the dog stay in your home (e.g., sleeping arrangements): _____

What are your plans for the dog if you're gone for more than 12 hours? _____

How will this dog get its exercise? _____

Do any of your current pets have chronic medical or behavioural issues? Yes No

If yes, please specify: _____

If your pet(s) doesn't get along with other pets, please describe the situation: _____

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

Do you live in a: House Town house or duplex Apartment Mobile home Other

If you rent, does your landlord agree to you adopting a dog? Yes No

Does your home have a secure fenced area to contain the dog?

Yes: Describe _____ No

If you're going to be moving in the near future, have you thought ahead to whether the dog can go with you?

N/A **OR** What arrangements would you make if you had to move? _____

SIGNATURES

Applicant: _____ Date: _____
(If filling out by hand)

Applicant: _____ Date: _____
(If filling out by hand)

Board Representative: _____ Date: _____

Board Representative: _____ Date: _____

FOR OFFICE USE:

Date received at PAWS: _____ PAWS Agent: _____

APPLICATION DENIED

This application was denied by the PAWS Board of Directors for the following reason(s): _____

Director Signature: _____ Date: _____

Director Signature: _____ Date: _____