



## CRESTON PET ADOPTION AND WELFARE SOCIETY

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Phone: 250-428-7297

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### OFFICE:

Date received at PAWS: \_\_\_\_\_ PAWS Representative: \_\_\_\_\_

Board Approval: \_\_\_\_\_ Left Shelter: \_\_\_\_\_  
DD/MM/YY DD/MM/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 and could delay 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 questions about the illness or medical condition?  Yes  No

## ADOPTION FAMILY PROFILE

**The dog's needs must always come first. For example, they may have medical, mobility, or behavioural issues that will affect the kind of environment they need.**

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?

No  Yes: \_\_\_\_\_

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 this dog's breed?  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 their exercise? \_\_\_\_\_

\_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

If your pet(s) doesn't get along with other pets, please describe: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Do you live in a:  House  Town house/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

What arrangements would you make if you were to move and couldn't take the dog? \_\_\_\_\_

\_\_\_\_\_

## SIGNATURES

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(If filling out by hand)

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(If filling out by hand)

Board Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Board Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION DENIED

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

\_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_