



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 - OTHER

Name of Pet: _____

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: _____

Town/City: _____

Fees

- Adoption fees must be paid by cheque, debit, or cash when you pick up your pet.
- The adoption fee depends on the type of animal being adopted.

Thank you for your application.

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: _____

Town/City: _____

Reference #2: _____ Relationship: _____

Home Phone: _____ Cell phone: _____

Town/City: _____

Where did you hear about this pet? 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

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

If you rent, does your landlord agree to you adopting this pet? N/A Yes No

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: _____