



## CRESTON PET ADOPTION AND WELFARE SOCIETY

2805 Lower Wynnndel Rd. Creston BC V0B 1G8

Phone: 250-428-7297

Email: [pets@pawscreston.ca](mailto:pets@pawscreston.ca) Web: [pawscreston.ca](http://pawscreston.ca)

### OFFICE:

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

Board Approval: \_\_\_\_\_  
DD/MM/YY

Left Shelter: \_\_\_\_\_  
DD/MM/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 and may delay 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/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: \_\_\_\_\_

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**APPLICATION DENIED**

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

\_\_\_\_\_

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

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