

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: paws@kootenay.com Website: paws-crestonbc.org

ADOPTION APPLICATION FORM - DOG

APPLICANT INFORMATION

Name(s) _____

Over 19 years of age yes no Verified by picture ID yes no

Contact Information

Email Address _____ Home Phone _____
Cell Phone _____ Work Phone _____

Residential Address _____

Mailing Address (if different from residential address)

REFERENCES

PAWS requires references from two 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 references 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.

Name _____ Relationship to you _____
Home Phone _____ Cell phone _____
Address _____

Name _____ Relationship to you _____
Home Phone _____ Cell phone _____
Address _____

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: _____

Payment of Fees:

Adoption fees must be paid on collection of the pet by cheque, or cash. The adoption fees are as follows:

Puppies first vaccination \$150
Dogs spayed/neutered, first vaccination \$150

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

This form, along with reference checks allows you to apply for pre-approval to adopt a PAWS dog. However, even though you have been pre-approved, 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. To ensure that the needs of the dog and of your family are met, you may be asked to allow a home check before the adoption is finalized.

Name of applicant _____ **Name of Dog** _____

Description of your household

Does anyone in your family have allergies to dogs? If yes, how would you cope with that? _____

Number of members in your household? _____

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

Describe your home house town house or duplex apartment mobile

Do you own or rent your home?

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

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. _____

May we contact your veterinarian for further information? yes no

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? _____

How would you describe your lifestyle? _____

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

Will the dog live Indoors Outdoors Indoors/Outdoors

What are your plans for the dog when you are gone for the day? In bad weather? _____

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

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 much time – daily - are you able to offer the dog? _____

What arrangements will you make for the dog's care when you are away from home for longer than 12 hours? _____

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

Are you thinking of moving in the near future? If so, have you thought ahead to whether the cat can go with you? What arrangements would you make if you had to move?

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 _____