

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](mailto:paws@kootenay.com) Website: [paws-crestonbc.org](http://paws-crestonbc.org)

### ADOPTION APPLICATION FORM – OTHER PET

#### APPLICANT INFORMATION

Name(s) \_\_\_\_\_

Over 19 years of age or older  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 referees 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
_____	_____	_____
_____	_____	_____

Describe your home  house  town house or duplex  apartment  mobile  other

Do you  own  rent?

If you rent does your landlord agree to this particular pet? \_\_\_\_\_

**YOUR VETERINARIAN'S INFORMATION**

Do you currently have a veterinarian for your pet(s)?  yes  no If yes,

Name: \_\_\_\_\_

Location: \_\_\_\_\_

**SIGNATURES**

Applicant Signature \_\_\_\_\_

Board Signature \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Board Signature \_\_\_\_\_

Date \_\_\_\_\_

Board Approval Date: \_\_\_\_\_

**Payment of Fees:**

Adoption fees must be paid on collection of the pet by cheque, or cash. The adoption fees are dependent on the animal being adopted.

**FOR OFFICE USE ONLY:**

Date received at PAWS: \_\_\_\_\_ PAWS Agent: \_\_\_\_\_  
*Initial*

**DENIAL OF APPLICATION**

This application was denied by the PAWS board of directors for the following reason(s):

Director Signature \_\_\_\_\_

Date \_\_\_\_\_

Director Signature \_\_\_\_\_