



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

ADOPTION APPLICATION - DOG

Name of Dog: _____

Name(s): _____

Are you 19 years or older? Yes No

Can you verify by picture ID if asked? Yes No

Best number to reach you: _____

Email: _____

Street Address: _____ Town: _____ PC: _____

Mailing Address (if applicable): _____

Age of dog you're looking for: Any age Puppy (2–9 months) Young Adult (10 months–4 years)

Mature (5–7 years) Senior (8+ years)

SIZE: Small (up to 20 lbs.) Medium (21–59 lbs.) Large (60+ lbs.)

What qualities are you looking for in a dog? _____

Fees

- **Puppy: \$275** Includes first vaccination, vet check, and a \$45 spay/neuter voucher valid at most vet clinics when the puppy is old enough to spay/neuter.
- **Dogs: \$225** Includes first vaccination, vet check, and spay/neuter voucher for the full cost of the procedure valid at most vet clinics if the dog is adopted before the spay/neuter is done.

Adoption fee can be paid by e-transfer, debit, cheque, or cash.

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: _____

Best number to reach them: _____

City/Town: _____

Reference #2: _____ Relationship: _____

Best number to reach them: _____

City/Town: _____

CURRENT PET / VETERINARIAN INFORMATION

Do you have a veterinarian? Yes No

Name: _____ Location: _____

May we contact your vet if we have questions? Yes No

Have you adopted a pet from PAWS before? No Yes

If yes:

Species	PAWS Name	Date Adopted	Vaccinations up to date	Spayed/Neutered
_____	_____	_____	<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

If you have other pets, please complete below (use separate paper if necessary):

Species/Breed	Age	Vaccinations up to date	Spayed/Neutered
_____	_____	<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

Do any of your pets have medical or behavioural issues? No Yes: _____

If any of your pets have problems getting along with other pets, please tell us how you'd handle it. N/A

Or: _____

How would you handle it if this dog didn't get along with any of your pets? N/A

Or: _____

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 concerns you most about adopting this dog? _____

What behaviour do you think you couldn't tolerate or would be hard for you to manage? _____

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.

If you have another dog, they will also have to meet before the adoption application is finalized.

Who will be the main caregiver for the dog? _____

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

How many people are in your household? _____ Are there children at home? No Yes: Ages: _____

Do all family members agree with the adoption? Yes No

Have all family members & dogs visited the dog? Yes: Date _____ No

What is the activity level in your home? Quiet Average Noisy Busy

Is anyone in the family allergic to dogs? Yes No N/A

If so, how will you handle it? _____

Will the dog live: Indoors Outdoors Indoors/Outdoors? _____

Where will the dog stay in your home (e.g., sleeping arrangements): _____

When outside, what kind of shelter will this dog have? _____

What are your plans for the dog if you're gone for more than 12 hours? _____

How will this dog get its exercise? _____

Does your home have a secure, fenced area to contain the dog?

Yes: Describe _____ No

Do you live in a: House/Duplex Townhouse/Condo Apartment Mobile home Other: _____

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

Landlord name & number (we may contact to confirm): _____

X

Typing my name confirms I am electronically signing this document.

X

Date

OFFICE:

X

PAWS Rep Initials

Date