

Partners in Animal Welfare (PAW) 1 Pleasant Drive Catskill NY 12414 upstatenypaw.org

PET FOSTER/ADOPTION APPLICATION: You must be over 18 to submit an application.

Contact Information			
First Name:			
Last Name:			
Address 1:			
Address 2:			
City:		Zip:	
Daytime Phone (with area code):			
Cell Phone:			
Email:			
What are you looking for in a pet? (Companion, Hiking Partner, Couch Buddy, etc.):			
Current Living Situation Do you live in: House Apartment Co Do you rent or own your home?	ndo/Town home Mo	obile Home	
If you rent, name, and contact number for yo	ur landlord:		
Do you have your landlord's approval to have	pets? Cost of	pet deposit?	
Are there any breed or weight restrictions?			
How long have you lived at your current address	ess?		
Is there a fenced yard? YesNo What	t type of fence (height, st	tyle, etc.)	
How many adults are living in your home?	How many children?	Age(s):	
If you do not have children, do children visit y	our home? Yes No _	Age(s):	
Does everyone in the family know that you are considering adopting a pet? Yes No			
Is there anyone in your home with pet allergie	es?		
Pet History Will this be your first pet? Yes No Do you currently have a pet(s)? Yes No _			
If you responded yes, please describe your pe		es and temperament:	

If you have previously owned pets, please list the species, breed (if known), sex and age of your current/former pets. Please explain what happened to your former pets and where they are now:		
Have you ever had a behavior problem with a previous or current pet? Please describe:		
Pet Care Philosophy Are your current pets spayed or neutered?		
What type of collar will you have on your pet?		
What kind of preventative medical care will you provide for your pet?		
Pet Care		
Are you familiar with heartworm disease? Yes No		
What heartworm preventative will you use?		
What flea preventative will you use?		
What would you consider a realistic cost to properly care for a pet for one year?		
What is your current or former veterinarian's name and number?		
How will you provide exercise for your new pet?		
Approximately how long will the new pet be alone during the day?		
Where will the new pet stay when you are gone during the day?		
Will your pet be allowed on the furniture? Yes No Some		
Where will your new pet sleep at night?		
Special Circumstances Have you ever given a pet up? If yes, explain the circumstances:		
If your pet developed a behavioral problem, how would you address this?		

References	
Provide two personal (non-relative) refer	ences. To expedite the application process, please
let them know that we will be calling.	
Name	Phone no
Name	Phone no
To expedite the application process, please permission for them to speak to us. (Mos	, and address of your current or former veterinarian. ase inform them that PAW will be calling and allow t offices require this).
Name of Veterinarian	
PAW reserves the right to refuse an appli not process incomplete applications.	cation for any reason we deem necessary. We do
personal references, and perform home arrange meetings with any of our availab	with each prospective adopter, verify veterinary and visits. Upon approval of your application, we can le pets. The adoption process entails having a on agreement and paying an adoption donation.
obligated to return the pet to us. If a fam your pet, we kindly request that they und protocol is in accordance with regulation. This comprehensive process has been fo and ensure compliance with the regulation.	unable to retain ownership of your pet, you are ily member or friend expresses interest in adopting lergo our standard application procedure. This is set forth by the Department of Agriculture. rmulated to safeguard the animals under our care ons that oversee rescue organizations. A significant evere adversity, having been subjected to abuse,
By signing below, you acknowledge your	agreement with our application process.
Signed	Date
For Office Use Only:	
Pet selected:	Date:
Adoption fee paid:	
Cash or Deposit through website:	