



# ADOPTION APPLICATION

P.A.W.S. of Austin

(512)288-9856



Date: \_\_\_\_\_ Interested in: \_\_\_\_\_ Animal ID # \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address? \_\_\_\_\_ years \_\_\_\_\_ months

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

e-mail address: \_\_\_\_\_

I live in a:  House  Duplex  Apartment  Condo  Mobile home  Other

I rent  I own I have other arrangements: \_\_\_\_\_

Name of apartment complex or trailer park: \_\_\_\_\_ Do they allow pets? Yes / No

Name of Manager/Landlord \_\_\_\_\_ Contact phone #: \_\_\_\_\_

Any restrictions on pets?  Yes /  No Explain: \_\_\_\_\_

Do you have a fenced yard?  Yes /  No What kind of fence? \_\_\_\_\_ Height? \_\_\_\_\_

Are you planing on moving in the near future?  Yes /  No

If you move, what would you do with your pet? \_\_\_\_\_

Are you under 18 years of age?  Yes /  No

Will others be handling or caring for this pet?  Yes /  No If yes, how many? Adults \_\_\_\_\_ Children \_\_\_\_\_

Do any members of your household have allergies?  Yes /  No

List all of the pets you have now, including roommates' pets:

# Dogs: \_\_\_\_\_ Breed: \_\_\_\_\_ Indoors?  Yes /  No Altered?  Yes /  No

# Cats: \_\_\_\_\_ Breed: \_\_\_\_\_ Indoors?  Yes /  No Altered?  Yes /  No

Veterinarian's Name: \_\_\_\_\_ Location: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Have you adopted any pets from another rescue or animal shelter in the past?  Yes /  No

If yes, which one? \_\_\_\_\_

What happened to the pet(s)? \_\_\_\_\_

Are you interested in a:  Dog  Puppy  Cat  Kitten

I want this pet for:  Breeding  Child's pet  Gift  Companion  Hunting  Mouser  
 Guard dog  Working/Farm  Companion for other pet  Other,

Explain: \_\_\_\_\_

What time period would you require to prepare for your new pet? \_\_\_\_\_ days  none, ready now!

My pet will be kept mainly:  Outdoors  Indoors  Both, in & out  other

How long will your pet be left by itself in a day period? \_\_\_\_\_ hours

When I am gone, my pet will stay:  Outside  In a crate  In a restricted area  free in the house

If kept outdoors, what type of shelter will be provided? \_\_\_\_\_

Do you presently own a dog house?  Yes /  No

Do you tie or chain your pet?  Yes /  No

If you live in the country, how will your dog/puppy be confined? \_\_\_\_\_

Do you or any of your neighbors have livestock?  Yes /  No

Who will be responsible for the socialization medical care and training of this animal? \_\_\_\_\_

Would you be interested in attending training sessions?  Yes /  No

Who will be housebreaking this pet? \_\_\_\_\_ How? \_\_\_\_\_

Are you interested in information on housebreaking?  Yes /  No

What grooming requirements do you feel are necessary for this particular pet? \_\_\_\_\_

Would you be willing to allow a representative of the shelter to visit your residence?  Yes /  No

*I, the undersigned, do hereby certify that the information above is truthful and correct.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**For office use only**

Application was Approved / Disapproved by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_