



Adoption Center: 100 N. 2nd Street · Phila, PA 19106 · 215-238-9901
Low-Cost Spay/Neuter and Wellness Clinic:
 2900 Grays Ferry Ave · Philadelphia, PA 19146 · 215-298-9680
Northeast Adoption Center and Low-Cost Clinic:
 1810 Grant Avenue · Philadelphia, PA 19115 · 215-545-9600
 adoptions@phillypaws.org · www.phillypaws.org

Office use:
PP <input type="checkbox"/>
TR <input type="checkbox"/>
HQ <input type="checkbox"/>
VT <input type="checkbox"/>
RA <input type="checkbox"/>

DOG ADOPTION APPLICATION



I want to adopt a DOG: Today Within a few weeks Within a few months

I want a DOG for: Myself My kids Protection Gift for: _____ Other: _____

I want a specific DOG/PUPPY: Name/ID#: _____

First Name: _____ Last Name: _____

Preferred name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____ Date of Birth: _____

How long have you lived at your current address? _____

You must have a valid driver's license or other government-issued photo ID to adopt a pet.

ID type: _____ ID number: _____

If any other adults live in your home, please list their full names: _____

How many children live with you? _____ Kids' ages & first names: _____

Do all members of your household agree on adopting? Yes Not sure It's a surprise for: _____

Is anyone in your household allergic to dogs? Very allergic Mildly allergic No allergies Unsure

Who **owns** your home? Myself A friend/family member named: _____ A company

If you **rent**, have you asked your landlord about bringing a new dog home?

Not yet No, but pets are allowed Yes, the policy is: _____

What is your experience with pets? (check all that apply)

- Given a pet to a shelter
- Bred/sold a pet
- Had a pet run away
- Given a pet to another person
- Had a pet die in your care
- Had to euthanize a pet
- Grew up with a pet
- I currently have a pet
- Lived w/ housemates' pet
- I've never lived with or owned a pet before

PAWS ADOPTION APPLICATION (page 2)

Starting with the most recent, please list all pets that you've owned, and all pets currently in your home:

Pet's name	Cat/dog/ rabbit/bird...?	Spayed / Neutered?	Age	Dates Owned (2010-2016, ...?)	Are you the primary owner?	Currently in home?
		Yes / No			Yes / No	Yes / No
		Yes / No			Yes / No	Yes / No
		Yes / No			Yes / No	Yes / No

Veterinarian's name/phone #: _____

Name of person on file with veterinarian, if not you: _____

How much can you budget for your dog's supplies and medical care? \$ _____ per month
 \$ _____ in case of emergency

How long do you expect to own this dog? _____

How many hours will your dog be alone in the home? Average Day: _____ Maximum: _____

Where will your new dog live?

- Inside only
 Outside only
 Crate (_____ hours/day)
 Supervised in my yard
 Unsupervised access to my yard (doggie door, etc.)
 Other: _____

What kind of exercise & playtime do you want with your new dog?

- Walks on leash
 Walks off leash
 Jogging together
 Playing in my yard
 Dog Parks
 Playmates with another pet
 Not much: I'd like a calm dog!

What are you looking forward to doing with your new dog?

What do you plan to do for your dog's grooming needs?

- Professional groomer
 Groom at home myself
 I only want a dog who doesn't need grooming

Under what circumstances, if any, would you need to return the pet to PAWS?

<input type="checkbox"/> New baby	<input type="checkbox"/> Not enough time for pet	<input type="checkbox"/> Sheds
<input type="checkbox"/> Become allergic	<input type="checkbox"/> Destructive (chews objects)	<input type="checkbox"/> Vet costs too expensive
<input type="checkbox"/> Not allowed in new living space	<input type="checkbox"/> Becomes Aggressive	<input type="checkbox"/> Not housebroken
<input type="checkbox"/> Moving too far to bring pet with me	<input type="checkbox"/> Jumps on furniture	<input type="checkbox"/> Other: _____

Is there anything else you think we should know?

Please read and check each of the following items:

- I am adopting this dog for myself, and I am allowed to have this dog in my home.
 The information I have provided on this application is true to the best of my knowledge. I understand that if I willfully provide false information, my application may be denied.

Signature of Applicant: _____ **Date:** _____