

# Cause 4

# Adoption Application

## Paws

### Contact Information

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Apt #: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State Id #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you own or rent?  Yes  No      If you Rent, does your landlord allow pets?  Yes  No

If you rent, you must provide the landlord's name and contact information below

Name and contact info of **landlord** (if you rent):

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

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Are you planning on moving in the next six months?  Yes  No      Are you active military, or other job subject to relocation?  Yes  No

Would your pet go with you if you moved?  Yes  No

List all members of the household and their ages:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who will be your pet's primary caretaker?  Adult  Teen  Child

If your family changed (marriage, divorce, new baby), would you keep your pet?  Yes  No

If an allergy develops, are you willing to take steps to keep your pet?  Yes  No

Is everyone in your household supportive of the decision to adopt a new pet?  Yes  No

Where will the pet sleep at night?

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Where will this pet be kept most of the daylight hours?

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What provisions will you make for your pet if no one is home for longer than eight hours?

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In the past, have you ever had one of your pets get lost?

Yes

No

If yes, what steps did you take to recover the pet and were you successful?

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