



PAWS Adoption Application

Preservation of Animal Welfare and Safety, Inc.

P.O. Box 855
Camp Hill, PA 17001
(717) 957-8122
www.pawsofpa.org

INSTRUCTIONS: Please print clearly, filling out the application in its entirety.
You will be notified within 3-5 business days *if your application is approved.*

Date _____ Time _____	We try to make the best match between pet and family. Submitting the first application does not necessarily guarantee approval for a particular animal. We have many dogs, cats, puppies and kittens that need loving homes. If you are not approved for the animal you list below, please consider providing a home for another.
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I am interested in adopting a: puppy kitten dog cat male female

Tattoo # _____ Name _____ Color _____

Sex _____ Description _____

Name _____

Address _____ City _____ State _____ ZIP _____

Township or Borough _____

Telephone Number (h) _____ (w) _____

Email Address _____ Would you like to receive PAWS news via email? yes no

Employer _____

Employer's Address _____

Employer's Telephone Number _____

Supervisor's Name _____

1. Where do you live? (check one) apartment townhouse mobile home single family home

2. Do you live with your parents? yes no

3. Do you own or rent your home? rent own Do you have a fenced yard? yes no

4. If you rent, please provide the name, address and telephone number of your landlord.

Name _____

Address _____

Telephone Number _____

5. How many people reside in your home? _____ Please provide their names and ages:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Have you ever owned a pet? yes no

7. If yes, how long did you own it and where is it now? _____

8. Please provide the following for your current pets

Type of pet	Pet's Name	Pet's Age	Spayed/Neutered (y/n)	Current on Vaccines (y/n)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Where do you keep your current pets? inside outside both (inside/outside)

10. Where do you intend to keep this pet? inside outside both (inside/outside)

11. Do you currently have or have you recently had any cats or kittens which have Feline Leukemia, Feline Aids, Distemper virus or puppies or dogs with the Parvo or corona virus? yes no

12. If the answer to question 11 is "yes", how do you intend to keep this pet separated from the infected pet(s)?

13. Have you ever given a pet up for adoption? yes no If so, why? _____

14. Do you have any family members with allergies or other conditions which could negatively impact this adoption?

15. Have you ever been investigated for, had a complaint filed or a pet confiscated for cruelty or neglect?

yes no

16. Provide the name, address, and telephone number of your veterinarian.

Name _____

Address _____

Telephone Number _____

17. Please list two character references who do not reside in the same household (Name and Phone Number)

1. _____

2. _____

Please note that we may receive multiple applications on the same animal. If your application is approved, but the pet desired has already been placed, please consider adopting another. We have many wonderful cats, dogs, kittens, and puppies that all need good homes.

All cats must be transported from the store in a commercial carrier. PAWS recommends that all adopted pets be seen by a veterinarian soon after adoption. Although all of the cats have been tested for FeLV/FIV, we recommend you have them retested.

Adopting an animal is a great responsibility. You will be sharing your life with a pet for up to 15 to 20 years. Your pet is totally dependent upon you for food, shelter, cleaning, and veterinary care. This involves a financial commitment of a few to many hundreds of dollars a year. Are you willing and able to make this lifelong commitment to a cat or dog? _____

By signing this application you are consenting to allow a PAWS representative to contact your veterinarian and references to obtain pet history and medical information.

Please read and sign the following: I certify that all information in this application is true, and I understand that false information may void this and future applications.

Applicant

Date