



DOG ADOPTION APPLICATION

This application **MUST** be completed by anyone interested in adopting a pet from PAWS Atlanta. PAWS Atlanta reserves the right to refuse an adoption for ANY reason. All applicants must be 21 years or older and provide a valid ID. All applicants interested in breeds historically used for guarding or fighting (Rottweilers, Pit Bulls, Dobermans etc.) will have their application reviewed by the shelter manager, and adoptions may not be same-day. We want this to be a wonderful experience for you and your family, but our first responsibility is for the health, welfare, and happiness of the animals in our care.

PAWS Atlanta will work with owners to keep the animal in the home as long as a safe and loving environment can be provided. However, if you find it absolutely necessary to give up your adopted animal, you agree to return the animal to PAWS Atlanta. If the animal is showing any signs of aggression towards people or other dogs, PAWS Atlanta will NOT accept that animal back into the shelter. A temperament test by our certified trainer will be a pre-requisite before any animal is considered for return. If the animal is accepted back into the shelter, you agree to bring all paperwork, tags and medical records obtained after the adoption. A \$50 surrender fee will be required.

This application and the information it contains is the property of PAWS Atlanta. By filling out this application, I am releasing my information to PAWS Atlanta. Your personal information will not be given out to any other company or organization.

Please initial: _____

Personal Information

Name: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Email Address: _____

Will the animal live at the address above? Yes No

If "No", please give address where the animal will live: _____

Are you planning on moving? Yes No

Please understand that shelter dogs will take more time, patience, training and understanding from their new human companion. Shelter life is stressful on dogs, and it may take weeks for your new dog to feel comfortable and relaxed in their new environment. One of the very best ways to develop a bond with a new dog is to go on a long walk every day. Please be patient, the relationship that will build between you and your dog will last a lifetime!

Home Information

Type of Home: _____

Do you Own Home Rent Home

Landlord's Name: _____ Phone Number: _____

Pet Deposit Required \$ _____

**** Proof of residence must be provided before adoption. PAWS Atlanta reserves the right to contact landlord or apartment complex to verify information****

Do you have a securely fenced yard (no gaps)? Yes No

Type of fence _____ Height _____

Yard size is: Small Medium Large Acreage No Yard

Is the home in an Urban Rural Suburban Setting?

How long have you been at this residence? _____

How many times have you moved in the past 5 years? _____

How many adults live in the home? _____ Children? _____ Ages of Children _____

Does any member of the household have pet allergies? Yes No

Animal Ownership History

How many dogs have you had in the past? _____

If any, please describe what happened to each of them: _____

Please list all pets and species/breeds of animals currently living in the home: _____

Are your current cats and dogs spayed or neutered? Some All None

Are the animals current on their vaccinations? Yes No

Name of Veterinarian _____

Have you ever had a dog for a short time (less than six months) and it didn't work out? Yes No

If yes, please explain the circumstances and what happened to it _____

Do any of your pets now live, or have lived in the past, primarily outdoors? Yes No

If yes, please describe pet and its living conditions _____

Have any of YOUR pets (not strays) been picked up by or taken to animal control? Yes No

If yes, why? _____

****PAWS Atlanta reserves the right to check county animal control records****

Current Dog Owners

Where does your current dog stay when home alone during the day? _____

Where does your current dog sleep at night? _____

Is your current dog on heartworm prevention? Yes No

If yes, how often do you give the heartworm medication? _____

What brand do you use? _____

Is your current dog on flea and tick prevention? Yes No

If yes, how often do you give the preventative? _____

What brand do you use? _____

Plans for this animal

With this pet, how many animals will live in the household? _____

Why do you want another animal? (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Companion | <input type="checkbox"/> Guard Dog |
| <input type="checkbox"/> Pet for Child | <input type="checkbox"/> Companion for Another Pet |
| <input type="checkbox"/> Pet for Family | <input type="checkbox"/> Breeding |
| <input type="checkbox"/> Gift for Adult | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Gift for Child | <input type="checkbox"/> Other _____ |

Are you looking for a: Male Female Either

Do you prefer a: Puppy Adult Either

Do you prefer a dog to be: Spayed/Neutered NOT Spayed/Neutered No Preference

** If you have specified that you want a puppy, please reconsider adopting an adolescent or adult dog. The puppy stage only lasts for about six months and comes with much added responsibility. Adult dogs are terrific too and bond just as well with their adoptive families. Older animals are the ones that really need rescuing.**

Where will your new dog stay when alone during the day? _____

Where will your new dog sleep at night? _____

What percentage will the dog spend inside % _____ outside% _____

How many hours will the dog be alone each day? _____

How do you plan to exercise this dog? _____

Who will be responsible for the daily care and training of your new dog? _____

Why have you chosen this particular dog to adopt? _____

How do you plan to train your new dog?:

Training Classes Spanking Gentle Leaders Choke or Pinch Collars Clicker Training

Other _____

What circumstances, do you think, justify giving a dog up?

- | | |
|---|---|
| <input type="checkbox"/> Moving | <input type="checkbox"/> Dog gets too big |
| <input type="checkbox"/> New baby | <input type="checkbox"/> Children lost interest |
| <input type="checkbox"/> Not getting along with other pets | <input type="checkbox"/> Too time consuming |
| <input type="checkbox"/> Marriage/Divorce | <input type="checkbox"/> Shedding |
| <input type="checkbox"/> Getting out of fence | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Behavioral problems (potty training issues, separation anxiety, etc) | <input type="checkbox"/> Aggressive behavior |
| <input type="checkbox"/> Other (please explain) _____ | |

Are you prepared to provide a safe and permanent home for this dog for the next 10 to 15 years (average lifespan of a dog)? Yes No

Medical Information

What do you expect annual pet care (vet care, medication, heartworm prevention, grooming, etc.) to cost? _____

What do you expect to pay in the event of a medical emergency? _____

How do you plan to prevent fleas and ticks? _____

What is heartworm disease and how is it prevented? _____

If your dog later develops a medical problem that becomes expensive what would you do?

- | | |
|---|--|
| <input type="checkbox"/> Find another home for him | <input type="checkbox"/> Have him put to sleep |
| <input type="checkbox"/> Pay whatever it takes | <input type="checkbox"/> Give him to a rescue group or shelter |
| <input type="checkbox"/> Other (please explain) _____ | |

I agree to allow a PAWS Atlanta agent to inspect my home upon appointment. Yes No

PAWS Atlanta will work with owners to keep the animal in the home as long as a safe and loving environment can be provided there. However, if you find it absolutely necessary to relinquish the animal, you agree to return the animal to PAWS Atlanta and bring all paperwork and identification tags obtained, as well as any paperwork or veterinary records obtained after the adoption.

Signature _____ Date _____

How did you hear about PAWS Atlanta?

References:

Please list below the names and phone numbers of three friends, relatives, co-workers or neighbors.

Name	Phone Number	Relationship
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With my signature below, I hereby attest that all of the information given in this application is true and accurate to the best of my knowledge.

Signature _____ Date _____

Print Name _____