

# 4 PAWS, INC. PET ADOPTION APPLICATION

4 PAWS # \_\_\_\_\_ 4 PAWS Name \_\_\_\_\_ Canine/Feline M / F Altered: Y / N  
Breed & Description \_\_\_\_\_ Wt. \_\_\_\_\_ Age \_\_\_\_\_  
Microchipped? Y / N If yes, Chip # \_\_\_\_\_ Chip Company \_\_\_\_\_

**BEFORE COMPLETING THIS APPLICATION, PLEASE NOTE 4 PAWS, INC. HAS FULL DISCRETION AS TO THE PLACEMENT OF AN ANIMAL AND RESERVES THE RIGHT TO REFUSE AN ADOPTION APPLICATION FOR ANY REASON.**

- You must be eighteen (18) years of age or older.
- Have agreement of all adults living in household.
- Have identification showing present address.
- Be willing and able to spend time necessary to provide proper training, medical treatment, and care for the animal.
- Be current on vaccinations for all pets currently living in the home, and these pets must be free of contagious diseases and illnesses.
- You must agree that any damage done by the adopted pet is NOT the responsibility of 4PAWS, Inc., its volunteers, directors, or officers.

Please print clearly and fill in completely.

## **Adopters Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_  
Physical Address \_\_\_\_\_ APT # \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home/Cell # \_\_\_\_\_ Email \_\_\_\_\_  
DL / ID # \_\_\_\_\_ Issuing State: \_\_\_\_\_

## **Current Living Conditions**

Do you OWN or rent your home? \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_ years \_\_\_\_\_ months

Which best describes your home?

If renting or leasing does your landlord or apartments allow pets? Y / N

If yes, please provide name of apartments or landlords name \_\_\_\_\_  
and phone # \_\_\_\_\_

Are you required to pay a pet deposit? Y / N

Are there any restrictions for size/weight/breed? Y / N If yes, please describe \_\_\_\_\_

Do you have a fenced in yard? Y / N Type of Fence: wood/chain/other Height \_\_\_\_\_

How many adults in your household? \_\_\_\_\_ How many children in your household? \_\_\_\_\_

Ages of children in home \_\_\_\_\_

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Do all of the adults in home consent to this adoption? Y / N

Does anyone in your home have allergies to dogs, cats or both? Y / N

If yes please describe \_\_\_\_\_

If and when you travel where will the pet be during your time away? \_\_\_\_\_

## **Animal Ownership Information**

Have you ever adopted a pet from a Shelter or Rescue group? Y / N

If yes, please provide name of organization \_\_\_\_\_ and when adopted \_\_\_\_\_.

Have you ever surrendered a pet to a shelter or rescue? Y / N

If yes, why \_\_\_\_\_ and when \_\_\_\_\_

Can you separate your new pet from others currently in the home for one week if needed? Y / N

If adopting a dog, do you plan to chain/tether this dog in the backyard? Y / N

Will you allow this animal to ride unrestrained in the back of a moving vehicle? Y / N

Where will this animal be kept?

**Adopting a new pet is a commitment to the animal for this animal's entire lifetime which could be 15+ years, are you willing to make a lifelong commitment to this animal?** Y / N

**Please complete the below chart for all pets currently owned:**

Dog, Cat, Other	Breed	M/F, Altered: Y/N	Age	Currently Vaccinated? Y/N	How long have you owned this pet?

If current pet is not spayed or neutered, please describe reason why \_\_\_\_\_

If current pet is not vaccinated, please describe reason why \_\_\_\_\_

Where do current pets in home stay? Indoors / Outdoors

Are all animals kept on flea, tick, and heartworm prevention? Y / N

Have any of the current pets in home been diagnosed with an infectious disease within the past year? (i.e.: Parvo, distemper, FIV, FIP, etc.) Y / N If yes please list \_\_\_\_\_

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## **Previously Owned Animal Information**

Please provide the total number of pets not currently owned but owned in the last 5 years.

Dog: # \_\_\_\_\_ what became of these pets? \_\_\_\_\_

Cat: # \_\_\_\_\_ what became of these pets? \_\_\_\_\_

Other: # \_\_\_\_\_ what became of these pets? \_\_\_\_\_

Do you give 4 PAWS, Inc. authorization to follow-up with you about this animal if needed? Y / N

Do you give 4 PAWS, Inc. authorization to contact your veterinarian? Y / N

Veterinarian / Animal Hospital Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone # \_\_\_\_\_

**I, the undersigned adopter, agree to abide by the 4 PAWS, Inc. guidelines shown herein and affirm that all the information contained in this application is correct and complete to the best of my knowledge.**

Adopter's Signature \_\_\_\_\_ Date \_\_\_\_\_

4 PAWS, Inc. Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

### 4 PAWS, Inc. USE ONLY

APPROVED \_\_\_\_ DENIED \_\_\_\_ REASON DENIED \_\_\_\_\_

Does Adopter live **INSIDE** City limits of Benbrook? Y / N I \_\_\_\_ verbally explained city policy on returns.

Paid by: (circle payment method) CASH / PAYPAL / ZELLE / VENMO / CHECK

AMOUNT COLLECTED \$ \_\_\_\_\_ TRANSACTION # / CHECK # \_\_\_\_\_

4 PAWS, Inc. Authorized Agent Initials \_\_\_\_\_