

DATE _____

ADOPTION APPLICATION FORM

FEE PAID \$ _____ Chk Cash

PAWS HUMANE SOCIETY

P.O. BOX 651, 303 SHAW AVE., CHARLES CITY, IA 50616

641-257-0766 www.pawsonline.org

Our purpose is to place an animal in a responsible home where it will receive veterinary care when needed, and where it will be controlled so as to not become a free roaming animal, or add to the surplus of animals already in the community. In order to be considered for an adoption, you must be 18 years of age, have knowledge and consent of all adults living in your household, have a valid ID with current address, your landlord's name and phone number.

**UNDERSTAND THAT YOUR PAWS ADOPTION APPLICATION MUST BE APPROVED
AND WE RESERVE THE RIGHT TO REFUSE ANY ADOPTION.**

CAT / DOG MALE / FEMALE ANIMAL'S NAME _____ TAG # _____

ADOPTER'S NAME _____ ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 HOME PHONE # _____ CELL # _____ E-MAIL _____
 EMPLOYER _____ HOW LONG _____ PHONE # _____
 NET MONTHLY HOUSEHOLD INCOME \$ _____

MY RESIDENCE IS A: HOUSE _____ APT. _____ CONDO _____ DORM _____ FARM _____ MOBILE HOME _____
 I OWN _____ I RENT _____ LANDLORD'S NAME _____ PHONE# _____
 ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 NUMBER OF ADULTS IN HOUSEHOLD _____ NUMBER OF CHILDREN IN HOUSEHOLD _____ AGES _____

HAVE YOU ADOPTED A PET FROM A SHELTER BEFORE? YES _____ NO _____ SHELTER _____
 HAVE YOU EVER BEEN REFUSED AN ADOPTION OF A PET FROM A SHELTER? YES _____ NO _____ SHELTER _____
 WHY ARE YOU ADOPTING A PET? CHECK ALL THAT APPLY: COMPANION _____, COMPANION FOR ANOTHER PET _____,
 FOR A CHILD/REN _____, FARM CAT _____.

WHAT KIND OF PETS DO YOU OWN OR HAVE OWNED IN THE PAST 5 YEARS:

TYPE/BREED	WHERE KEPT	AGE	SEX	ALTERED	STILL OWN	IF NOT, WHY?
_____	_____	_____	_____	Y__ N__	Y__ N__	_____
_____	_____	_____	_____	Y__ N__	Y__ N__	_____
_____	_____	_____	_____	Y__ N__	Y__ N__	_____
_____	_____	_____	_____	Y__ N__	Y__ N__	_____

PAST OR CURRENT VETERINARIAN INFORMATION:

NAME _____ ADDRESS _____ PHONE # _____
 WHAT IMMUNIZATIONS HAS YOUR PET(S) HAD WITHIN THE LAST YEAR? _____
 WHEN WAS YOUR PET'S LAST VISIT TO A VET? _____ REASON? _____

DO YOU OR ANY FAMILY MEMBERS HAVE ALLERGIES TO ANIMALS? _____ EXPLAIN _____
 WHAT TYPE OF IDENTIFICATION WILL YOU PLACE ON YOUR PET(S)? _____
 WHAT ARRANGEMENTS WILL YOU MAKE FOR YOUR PET(S) WHEN YOU ARE OUT OF TOWN? _____
 IF YOU MOVE IN THE FUTURE, WHAT WILL YOU DO WITH YOUR PET(S)? _____

REFERENCES: If you are a current pet owner, please list your current vet as one of your references!

Name: _____
 (Not a Relative)
 Address: _____
 Phone Number: _____

Name: _____
 (Not a Relative)
 Address: _____
 Phone Number: _____

Continued on back

FOR DOG ADOPTERS:

DO YOU HAVE A FENCED IN YARD? Y N IF NOT, DO YOU PLAN TO FENCE IN THE YARD? Y N
DO YOU PLAN ON USING A ROPE OR CHAIN TO TETHER THE DOG? Y N
DO YOU UNDERSTAND THE STATE PROHIBITS A DOG FROM BEING TETHERED OR CHAINED 24 HOURS A DAY? Y N
DO YOU UNDERSTAND THE STATE/LOCAL LAWS WITH REGARDS TO VACCINATING AND LEASHING DOGS? Y N
DO YOU PLAN ON TAKING YOUR DOG TO TRAINING CLASSES? Y N IF YES, WHAT KIND? _____
WHERE WILL YOUR DOG BE KEPT DURING THE DAY? _____ AT NIGHT? _____
DO YOU UNDERSTAND THAT PAWS HUMANE SOCIETY DOES NOT DO HEART WORM TESTING? Y N

FOR CAT ADOPTERS:

DO YOU UNDERSTAND THAT CATS NEED SHELTER AT ALL TIMES AND THAT THERE IS A CITY ORDINANCE AGAINST CATS RUNNING FREELY? Y N
I UNDERSTAND CATS AT PAWS HUMANE SOCIETY HAVE BEEN TESTED FOR FEL (FELINE LEUKEMIA) OR FIV (FELINE AIDS)? Y N

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY, THEN INITIAL EACH PARAGRAPH.

_____ IN ADOPTING THIS PET, THE OWNER AGREES TO: 1.) ACCEPT AND KEEP THE CAT/DOG AS A COMPANION. 2.) PROVIDE HUMANE CARE-GIVING PROPER FOOD, WATER, SHELTER, EXERCISE AND ATTENTION. 3.) SEE THAT A VETERINARIAN GIVES THIS PET REGULAR PREVENTATIVE CARE AND IMMEDIATE ATTENTION WHEN IT BECOMES ILL OR INJURED. 4.) NOT USE THE ANIMAL FOR EXPERIMENTATION. 5.) COMPLY WITH ALL CITY/STATE LAWS PRETAINING TO ANIMAL WELFARE. 6.) INDEMNIFIES AND HOLDS HARMLESS PAWS HUMANE SOCIETY FOR ANY DAMAGES WHICH THE PET MAY DO TO ANY PERSON OR PROPERTY. 7.) UNDERSTAND THAT ADOPTING AN ANIMAL IS A FULL TIME AND LENGTHY COMMITMENT.

_____ SHOULD A MEDICAL PROBLEM DEVELOP WITHIN 14 DAYS, THE ANIMAL MAY BE RETURNED WITH A VETERINARIAN'S STATEMENT REGARDING THE PROBLEM. OR, IF THE ANIMAL IS NOT COMPATIBLE IN THE HOME WITHIN THE FIRST 14 DAYS, THE ADOPTER MAY REQUEST THEIR ADOPTION FEE BE REFUNDED AND THE ANIMAL IS RETURNED TO PAWS HUMANE SOCIETY.

_____ AFTER 14 DAYS, THE ANIMAL IS THE ADOPTERS FINANCIAL RESPONSIBILITY, AND IF YOU DECIDE YOU NO LONGER WANT THE PET, IT IS YOUR RESPONSIBILITY TO FIND THE PET A GOOD HOME AND INFORM PAWS OF THE NEW HOME. PAWS HUMANE SOCIETY IS NOT OBLIGATED TO TAKE THE ANIMAL BACK. PAWS HUMANE SOCIETY IS NOT RESPONSIBLE FOR ANY EXPENSES INCURRED IN TREATING THE ANIMAL AFTER THE 14 DAYS.

_____ PAWS HUMANE SOCIETY RESERVES THE RIGHT TO REFUSE ADOPTION OF AN ANIMAL TO AN ADOPTER THAT DOES NOT MEET THE ABOVE STANDARDS. THIS INCLUDES THE RIGHT TO FOLLOW UP ANIMAL ADOPTIONS AND REMOVE THE ANIMAL IF: 1.) THE ANIMAL IS NOT RECEIVING ADEQUATE CARE. 2.) THE ANIMAL IS BEING ABUSED. 3.) THE PET IS PENNED OUTSIDE DAY AND NIGHT OR HOUSED IN A GARAGE OR OUT BUILDING ALL THE TIME WITH NO HUMAN INTERACTION. 4.) THE PET IS ALLOWED TO ROAM OUTSIDE UNSUPERVISED BY THE ADOPTER. 5.) CATS GIVEN TO FARMS MUST HAVE FOOD, WATER AND SHELTER ALL YEAR ROUND.

_____ IF ANY CAT/DOG IS NOT SPAYED/NEUTERED AT THE TIME OF ADOPTION, I AGREE TO GET IT SPAYED OR NEUTERED AS SOON AS POSSIBLE. UNDER NO CIRCUMSTANCES WILL I ALLOW THIS ANIMAL TO BE BRED OR BREED.

ALL IMMUNIZATIONS, MEDICINE, VETERINARY EXPENSE, BOARDING AND OTHER LIABILITIES OBTAINED AFTER ADOPTION ARE THE SOLE RESPONSIBILITY OF THE OWNER.

ONLY A "VETERINARIAN TREATMENT AUTHORIZATION" SIGNED AT THE TIME OF ADOPTION WILL ALLOW VETERINARIAN TREATMENTS AT THE VET DESIGNATED BY PAWS.

IF THE FOLLOWING STATEMENT IS CHECKED, IT APPLIES TO THE ANIMAL I AM ADOPTING:

_____ I HAVE BEEN INFORMED THAT THIS ANIMAL HAS PREVIOUSLY BITTEN SOMEONE AND ASSUME ANY AND ALL RISK FOR THE ANIMAL AND INDEMNIFY PAWS HUMANE SOCIETY AND HOLD IT HARMLESS FOR ANY FURTHER ACTIONS OF THIS ANIMAL.

BY SIGNING BELOW I CERTIFY THAT I HAVE READ ALL THE ABOVE INFORMATION AND HAVE PROVIDED ALL TRUE INFORMATION. I RECOGNIZE THAT ANY MISINTERPRETATION OF FACTS MAY RESULT IN RELINQUISHING MY PRIVILEGE OF ADOPTING OR KEEPING MY ADOPTED PET. I UNDERSTAND PAWS HAS THE RIGHT TO DENY MY REQUEST TO ADOPT AN ANIMAL AND I AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION. I UNDERSTAND THAT THIS APPLICATION IS THE PROPERTY OF PAWS HUMANE SOCIETY.

SIGNATURE OF ADOPTING PARTY

DATE

SIGNATURE FOR PAWS HUMANE SOCIETY

APPLICANT INTERVIEWED: Y N DATE _____ BY _____
ADOPTION APPROVED: Y N DATE _____ IF NO, WHY NOT? _____
LANDOWNER'S APPROVAL: Y N DATE _____ IF NO, WHY NOT? _____