

Dog Adoption Application

Return to PAWS Chicago Adoption Counselor at adoption event or fax back to 773.521.1142

Pet You Are Applying For:		Adoption Counselor Name & Date:			
Applicant/Co-Applicant Information					
Last Name:		First Name:		DOB:	
Last Name:		First Name:		DOB:	
Address:				Apartment #:	
City:		State:		Zip Code:	
Home Phone:			Cell Phone:		
Email Address:					
Do you own?		Rent?			
How long have you lived at this address?			Any plans to move in the near future?		
Landlord's/Condo board's name:			Landlord's/Condo board's phone:		
How were you referred to PAWS Chicago?					
Family/Household Information					
Number of adults in the household:		Relationships:			
Have all the adults in the household agreed to this adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number of children in the household:			Ages of children:		
Have the children had pets before?					
Do you expect your current family situation to change?					
Is anyone in the household allergic to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				Who?	
Why would you like to adopt an animal from us? (Check all that apply)					
<input type="checkbox"/> Companion for self		<input type="checkbox"/> Gift			
<input type="checkbox"/> Companion for child		<input type="checkbox"/> Watch dog			
<input type="checkbox"/> Companion for another pet					
<input type="checkbox"/> Companion for another household member					
Employment Information					
Employer:			Position held:		
Address:					
City:		State:		Zip Code:	
How long have you been with this employer?			Work Phone:		
Pet Information					
Have you had pets in the past or do you currently have pets? Please tell us about them					
Name	Breed	Age	Gender	Spayed/Neutered	Where are they?
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	
Have you ever given an animal away or relinquished an animal to a shelter? If yes, what were the circumstances?					

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Veterinarian Information

Veterinarian's Name:	Veterinarian's Phone:
When was your current pet's last visit to a veterinarian and why?	

New Pet Information

How long have you been looking for a pet?	
What will you feed your new pet?	How often will you feed your new pet?
How much time are you prepared to allow for your new pet to adjust to your home?	
Are you able to afford a bill of \$200-\$800 (or more) for emergency veterinary care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How much do you expect to spend on maintenance for your pet in a year?	
Are you committed to providing a responsible home for your pet's entire life (15+ years)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have to move, what do you plan to do with your pet(s)?	
Who in the household will be the dog's primary care giver?	
When you are out of town, who will be the dog's primary care giver?	
In case of emergency, who will care for your dog?	
Where will the dog be kept during the day?	During the night?
How many times per day do you plan to take your dog outside?	
How do you plan to house train your dog?	
Do you have a fenced in yard? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what size and what type?
How many hours per day will your dog be left alone?	
What would you do if your dog develops a problem with:	
Digging:	
Barking:	
Chewing:	
Separation Anxiety:	
Aggression:	

References

Please list 3 personal references below.

1. _____
(Name) (Relationship) (Phone Number)
2. _____
(Name) (Relationship) (Phone Number)
3. _____
(Name) (Relationship) (Phone Number)

By signing below, I certify that the information I have given is true. I understand that PAWS Chicago reserves the right to deny my application for any reason. I further authorize the investigation of all statements in this application.

Signatures

Applicant:	Date:
Co-Applicant:	Date: