



PAWSITIVE SANCTUARY

Dog Adoption Application Form

Contact Information:

Name: _____

Address: _____

Occupation: _____ How long at this address?: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Pet Information

*If available name of pet to be adopted: _____

What other pets do you have (specify type and number)

- 1.
- 2.
- 3.

Are these pets up to date on vaccines? Yes No

Are these pets spayed/neutered? Yes No

Have you every surrendered a pet? If so, why? Yes No

If you ever wish to surrender your pet from Pawsitive Sanctuary, do you agree to contact us prior to surrendering? Yes No

Have you ever had a pet euthanized? If so, why? Yes No

Have you ever lost a pet to an accident? If so, please explain: Yes No

How will you discipline your dog and why?

Do you agree to get shots and spay/neuter within a month of adoption if necessary?
Yes No

Where will the dog spend the day? (Describe)

Number of hours (average) dog will spend alone?

Who will have primary responsibility for this pet daily care:

Who will have financial responsibility for this pet?:

Do you agree to provide regular health care by a licensed veterinarian? Yes No

Will the dog be indoor or outdoor?

When the dog goes out, how do you plan to supervise it? Fenced yard?

Do you agree to contact us if you can no longer keep this dog? Yes No

Please provide two references (personal or professional):

Name of Reference: _____

Phone Number of Reference: _____

Email of Reference: _____

Name of Reference: _____

Phone Number of Reference: _____

Email of Reference: _____

Please Provide a Vet Reference If Applicable: _____



Household Information

How many adults?

How many children (ages)?

Please describe your household:

Active Noisy Quiet Average

Does anyone in the family have a known allergy to dogs? Yes No

Is everyone in agreement with the decision to adopt a dog? Yes No

Do you have time to provide adequate love, attention and training? Yes No

Have you or anyone currently living at the address above ever been charged or convicted or animal neglect, cruelty/abuse or domestic violence?

Yes No

Have you ever been denied to adopt by another rescue organization or animal control shelter?

Yes No

If yes, explain:

Veterinarian Information

Clinic or Vet Name

Address

Phone

Email

Pawsitive Sanctuary reserves the right to refuse adoption to anyone who has a history of neglect or lack of long-term commitment to a pet or to any applicant who does not meet the adoption criteria we have established for a particular animal (All pets are not suited for all homes).

I pledge to always ensure adoptee is kept as a member of the family, and agree to provide proper care, not excluding access to specialized veterinary care and kept safe from harm for the duration of his natural life.

I certify that the information listed above is true and correct to the best of my knowledge, and by signing this application I authorize Pawsitive Sanctuary to verify the same.

Full Name _____

Signature _____ Date _____