

**Paws Animal Rescue**  
Canine Adoption Form - \$100 adoption fee (includes tax)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you 18 years old or older? Y or N

Who is this puppy/dog primarily for? Self \_\_\_\_\_ Children \_\_\_\_\_ Family \_\_\_\_\_

Where will the puppy/dog be when you are not at home? \_\_\_\_\_

Is your residence a: House/Mobile Home \_\_\_\_\_ Farm \_\_\_\_\_ Apt \_\_\_\_\_

Do you own or rent the place you live? Own or Rent\*

\*If you rent, written authorization from your landlord is required, including phone number

Do you have a fenced yard? Y or N

How long will this pet be alone during the day? \_\_\_\_\_

Have you had any other pets within the last 5 years? Y or N

If so, how many and what kind? \_\_\_\_\_

What has become of them? \_\_\_\_\_

How many people (over 18) live in your home? \_\_\_\_\_ What are their names? \_\_\_\_\_

How many people (under 18) live in your home? \_\_\_\_\_ What are their ages? \_\_\_\_\_

If they are young, will they be supervised while they handle/play with this pet? Y or N

Have the children been instructed on proper handling of a pet? Y or N

What will the children's roll be in caring for this pet? \_\_\_\_\_

Who is your Veterinarian? \_\_\_\_\_ Can we call your vet? Y or N

What is their phone number? \_\_\_\_\_ When was your last visit? \_\_\_\_\_

What is the most serious reason you have visited your Vet? \_\_\_\_\_

Are your present animals current on all shots? Y or N Will this pet wear identification? Y or N

Who will care for your pet if you are gone? \_\_\_\_\_

What will you do with this if you move? \_\_\_\_\_

Have you ever used Paws Animal Rescue services before? Y or N

If yes, for what reason? \_\_\_\_\_

Canine
Name: _____
Color: _____
Breed: _____
DOB: _____
Sex: FI FS MI MN
Rabies Tag #: _____
Date: _____
HS Member: _____

Please list two references (please no relatives or people living with you, or your Vet) that we may call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please tell us a little more about your family, hobbies and interests to help us match you with a puppy/dog to fit your lifestyle: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AS PART OF THIS ADOPTION AGREEMENT WITH PAWS ANIMAL RESCUE (PAWS):**

(Please read and initial after each statement)

1. I UNDERSTAND PAWS has little or no information on this animal as to the temperament, health, age, behavior or how it is around children. The PAWS makes no guarantees and adopter assumes all risk. \_\_\_\_\_
2. I AM AWARE that this pet may be returned to PAWS within two (2) weeks of adoption for any reason(s). \_\_\_\_\_
3. I AGREE to contact PAWS if I can no longer make this pet a part of my home for any reason(s). \_\_\_\_\_
4. I AGREE in order to help curb the over population of pets, to have this animal spayed/neutered by a veterinarian at the earliest age recommended (usually 4-5 months), if it has not already been spayed/neutered. If I take the animal to the Animal Clinic of Pierre, PAWS will pay for the surgery. If I choose to have the procedure done at another veterinarian, I must pay the bill and submit a copy of the invoice to PAWS and I will be reimbursed the amount equal to that in which we would have paid the Animal Clinic of Pierre. \_\_\_\_\_
5. I AGREE to provide proper food, water and shelter for this pet. To give it the necessary attention and training to make it a healthy and happy animal. Training is a vital part of having a happy dog and home. This is a lifetime commitment. \_\_\_\_\_
6. I AM AWARE that this pet has been vaccinated to its age appropriateness. I agree to provide veterinarian care, including yearly immunizations for this animal. PAWS reserves the right to follow up with your veterinarian to ensure yearly shots are administered. \_\_\_\_\_
7. I AM AWARE that pets are not disposable and adopting a pet is to be taken seriously. There are a lot of financial and time commitments involved in owning a pet. \_\_\_\_\_
8. I AGREE that I will not knowingly permit this animal to be used for fighting or in the training of fighting animals or to allow it to be used for experimental use. \_\_\_\_\_
9. I AM AWARE that PAWS is a non-profit organization dedicated to the protection and care of helpless animals. For this reason, if I violate any portion of this agreement and PAWS requests possession of the animal, I will relinquish the animal making no charges for expenses or care. \_\_\_\_\_
10. I UNDERSTAND PAWS is managed by volunteers and the adoption process may take some time. \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*I would also like to make a donation to:*

**General Fund**

*This fund helps us pay rent, medical expenses, food, litter and much more for our day to day needs*

\$ \_\_\_\_\_

**Building Fund**

*This fund helps us pay for our building and any additional needs to house our animals.*

\$ \_\_\_\_\_

**Spay/Neuter Fund**

*Money in this fund allows PAWS to provide reduced spay/neuter certificates to local residents.*

\$ \_\_\_\_\_

**Special Needs Fund**

*Sometimes our animals may need extra medical attention. This fund helps pay for those additional expenses.*

\$ \_\_\_\_\_