PICK YOUR PAW

ANIMAL RESCUE

450 Shrewsbury Plaza #129
Shrewbury, NJ 07702
908~433~1796 ♥ 516~848~4801

Saving Lives   Since 2009

pickyourpaw@gmail.com
www.pickyourpaw.org

ADOPTION APPLICATION

After filling out the application, please call your veterinarian to give us permission to do a vet reference check.

Please re-save this file with your name and the dogs name

Applicant: _____   Co-Applicant: _____

Address: _____

City: _____   State: _____   Zip: _____

Home Phone #: _____

Applicants' Information   Co-Applicant's Information

Applicant's Cell # _____   Co-Applicant's Cell # _____

Applicant's Email _____   Co-Applicant's Email _____

Applicant's Employer: _____   Co-Applicant's Employer: _____

Address: _____   Address: _____

Work Phone #: _____   Work Phone #: _____

How long employed here?: _____   How long employed here?: _____

Please complete all the information on the following pages. By signing below, you certify that you understand the following:

1. Pick Your Paw Animal Rescue reserves the right to refuse adoption to anyone.
2. The information contained within this application is accurate and not misleading in any way.
3. Pick Your Paw Animal Rescue may contact anyone listed on the application to obtain information.

Date: _____   Signature of applicant: _____

Date: _____   Signature of co-applicant: _____

Please give careful consideration to adopting an animal. Animals are not toys or short term commitments. Make sure your lifestyle allows the time, patience and expense this animal will need over the years.

Dog Interested In: Pick Your Paw Animal Rescue Notes:

Name: _____

Age: _____

GENERAL INFORMATION

1. Is this your first experience with a companion animal? ☐ yes / ☐ no

2. Do you have other animals at home? ☐ yes / ☐ no If yes, please fill out the information below.
   Please list all current pets:

Species (dog/cat/etc..)	Breed	Pets Name	Sex	Age	Spayed/ Neutered (yes/no)	Up to date on Vaccines (yes/no)	Animal Lives (in/out)	Anything additional we need to know?

3. Have you ever suffered the loss of a companion animal?   ☐ yes / ☐ no
   Please list your last 2 animals.

Species (dog/cat/etc.)	Pets Name	Breed	Age when passed	Spayed/ Neutered (yes/no)	Please explain the circumstances of the death(s)

4. Have you ever sold, given away, or surrendered a pet to a shelter? ☐ yes / ☐ no
   If yes, please explain the circumstances: _____

5. Who is/was your veterinarian? How long? _____

   Name: _____ Phone #: _____

   Address: _____ City: _____ State: _____

6. How long have you resided at your present address? _____

7. Where do you currently live? ☐ house / ☐ townhouse / ☐ apartment / ☐ other _____

8. Do you ☐ own or ☐ rent? (check one) If rent, does your lease allow animals? ☐ yes / ☐ no

   Landlord's Name: _____ Phone #: _____

9. How many people live in your household? _____ Do all the adults know you plan to adopt? ☐ yes / ☐ no
   Please list all the ages living in the household: _____

General Information Continued….

10. Does anyone in your household have any known allergies to animals? ☐ yes / ☐ no
    If yes, please explain: _____

11. Where will this animal be kept during the day? _____   night? _____

12. Is anyone home all day? ☐ yes / ☐ no
    If no, how many hours will the animal be left alone in a 24-hour period? _____

13. Where will he/she be kept when alone? _____

14. Are you financially prepared to give this animal routine and emergency medical care? ☐ yes / ☐ no

15. Would you object to a visit or call from us to see how you and your new family member are doing? ☐ yes / ☐ no

16. List three references with name, relationship, phone number. Only one reference can be a family member.
    (Examples of references are: neighbor, employer, co-worker, friend)

Name	Relationship	Phone Number

17. In the event you become no longer available to care for your pet(s) (ill, divorce, moving, etc.) , who will be responsible for the care of your animal(s)? _____

18. Why do you want to adopt a dog? (check all that apply)
    ☐ companion for myself/family   ☐ gift for someone else   ☐ watch dog
    ☐ guard dog   ☐ to breed   ☐ companion for another animal   ☐ hunting

19. Who is the dog primarily for: (Adult. Child, Elderly) _____

20. Do you travel for work? ☐ yes / ☐ no   If yes, what arrangements will you make for your pet(s) care? _____

21. When you go on vacation or overnight trips, what arrangements will you make for your pet(s) care? _____

22. Do you realize you will probably have to housetrain the dog? ☐ yes / ☐ no

23. Are you familiar with crate training?   ☐ yes / ☐ no

24. Are you familiar with leash & licensing laws in your community?   ☐ yes / ☐ no

25. How will you be sure that your dog does not wander from your property? (check all that apply)
    ☐ kept in the house   ☐ kept in the garage   ☐ kept on a chain outside
    ☐ outside in a kennel   ☐ fenced-in yard   ☐ walked on a leash

26. Do you have a fenced yard? ☐ yes / ☐ no   Type of fence: _____   If yes, how high? _____

27. What will you do if your dog chews furniture or shows other destructive behavior? _____

28. Do you need an explanation of how to introduce a new dog to your current animal(s)?   ☐ yes / ☐ no

29. Are you familiar with the feeding recommendations for a dog/puppy?   ☐ yes / ☐ no

30. Are you willing to bring the dog to training classes?   ☐ yes / ☐ no

31. Which method do you use for training and leash walking? (check all that apply)
    ☐ Harness   ☐ Shock Collar   ☐ Haltie   ☐ Vibrate Collar   ☐ Prong/Pinch Collar
    ☐ Choke Chain   ☐ Flat/Buckle Collar   ☐ Martingale   ☐ Gentle Leader
    ☐ Other: _____

I/we attest that the information provided on this application is true and accurate to the best of my/our knowledge.
I/we understand that completion and submission of this application does not guarantee adoption of a dog.

Applicant's Initial _____   Date: _____   Co-applicant's Initial _____   Date: _____