



PO Box 7412
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www.pcbpawsandclaws.org

DOG ADOPTION APPLICATION

Thank you for your interest in adopting! Please take your time filling out our application so we can get to know you better.

Dog's Name _____

Name: _____ Birth Date: _____

Spouse's Name: _____ Home Phone: _____

Physical Address: _____ Work Phone: _____

City: _____ Cell Phone: _____

Zip: _____ E-mail: _____ Employer: _____

I/We live in a: House _____ Condo _____ Mobile Home _____ Apartment _____ Other _____

I/We: Own _____ Rent _____ Live with Parents _____ Other _____

Landlord/Association Contact Person: _____

Phone Number: _____

Landlord and association verifications will be done as part of your adoption process. Proof of payment (or payment arrangement) of any required pet deposit must be provided before adoption can be completed.

Are you a previous adopter at PCB Paws & Claws? _____ Are you a current member of PCB Paws & Claws? _____

What is your experience with dogs? First Pet _____ Second Pet _____ Three or more _____

Have you ever surrendered an animal to any organization? If yes when and why? _____

Have you or anyone in your household ever been cruel or abusive towards animals? _____

Have you or anyone in your household ever been convicted of animal abuse or cruelty? _____

I am adopting this pet for my: Self _____ Family/Child _____ Roommate _____ Other _____

How many adults are in your household? _____

Do all of the adults in the household know about your plans to adopt? Yes _____ No _____

How many children are in your household? _____ Please tell us their ages: _____

How many children visit regularly including children/stepchildren/grand children? _____ Their ages: _____

Have you or anyone in your household ever been convicted of animal abuse or neglect? _____

Who will be responsible for caring for this dog? _____

How long will this dog be left alone? _____

What type of training do you use (clicker, obedience classes, etc.)? _____

Are you familiar with crate training dogs? _____

Where will your pet be left alone? Crate _____ Indoors _____ Outdoors _____ Porch _____ Garage _____

Do you have a fenced in yard? Yes _____ No _____ Dog Run _____

If no yard, explain how you plan on exercising the dog and letting them out for the bathroom. _____

Where will your pet sleep at night? _____

What will you do with your dog if you move or are deployed? _____

Veterinarian: _____ Phone: _____

Customer Name Account is Under: _____

Please provide two individuals over the age of 18, other than family members, that we may contact as references.

Please let your references know that we will be contacting them.

Reference Name #1: _____ Relationship: _____

Phone Number: _____ Alternate Phone: _____

Reference Name #2: _____ Relationship: _____

Phone Number: _____ Alternate Phone: _____

Please list the cats & dogs currently living in your home, use additional sheets if necessary.

<u>Type/Breed</u>	<u>Age</u>	<u>Sex</u>		<u>Spayed/</u>		<u>Owned</u>	<u>Heartworm & Vaccinations</u>	
				<u>Neutered</u>			<u>How Long?</u>	<u>Up to Date?</u>
_____	_____	M	F	YES	NO	_____	YES	NO
_____	_____	M	F	YES	NO	_____	YES	NO
_____	_____	M	F	YES	NO	_____	YES	NO
_____	_____	M	F	YES	NO	_____	YES	NO
_____	_____	M	F	YES	NO	_____	YES	NO

Some of these dogs have been rescued after being abandoned by their previous owners. We would like to make sure your home is their final forever home. Please read the following carefully and initial each item. By signing the form below, you are agreeing to the adoption terms and authorizing us to contact your references, landlord, and veterinarian. If you have any questions about the following, please let us know.

- I am 18 years or older. Initial_____
- Paws & Claws only adopts out animals that are visibly healthy and ready for adoption. Any veterinary fees incurred after adoption are the responsibility of the pet owner. Initial_____
- I accept this dog as a lifelong companion. I agree to provide annual immunizations, medical care, food, water, affection, exercise, and shelter. Initial_____
- I give permission to use photos and/or this adoption story on the website and collateral material. Initial_____
- I give permission for PCB Paws & Claws to complete a home visit prior to and after adoption. Initial_____
- I give permission for PCB Paws & Claws to contact my veterinarian about my pet(s) history with them and give authorization for records to be released to PCB Paws & Claws. Initial_____
- If, for any reason, this adoption does not work out I agree to return my dog to PCB Paws & Claws. Initial_____
- I agree to spay/neuter my dog within 6 months if applicable: Month due: _____ Initial_____
- Do you need information regarding care/behavior concerns? Yes_____ No_____ Initial_____

PLEASE READ AND SIGN

I understand that my pet may live for 15 years and the annual cost of veterinary care and proper nutrition may cost up to \$1000.00 annually. I am willing to accept this responsibility. I certify that the information in this application is true and I understand any false information may void the application. I also understand that failure to comply with future requirements (e.g. vet check, licensing, sterilization, immunizations) and accepted standards of animal care could result in animal surrender and my inability to adopt other animals from PCB Paws & Claws. If for any reason my adoption does not work out I will return the adopted pet to PCB Paws & Claws. I understand that by adopting this animal, I release PCB Paws & Claws, Inc. from any liability or responsibility associated with any damages or mishaps that are or could be caused by this animal. I understand that this is a legally binding contract.

Signature: _____ Date: _____

Driver's License # of Adopter: _____

Signature of Spouse: _____ Date: _____

PCB PAWS & CLAWS RESERVES THE RIGHT TO REFUSE ADOPTIONS.

Staff Use Only:

Previously Altered: Yes No Date of Surgery: _____
 SPAY/NEUTER Due: JAN FEB MAR APR MAY JUNE JULY AUG SEP OCT NOV DEC
 References, Landlord, & Vet Check By: _____ Approved _____ Denied _____
 Home Visit Performed By: _____ Approved _____ Denied _____