



Adoption Application

368 South St, Calais, ME 04617 • 207-454-7662 • pawscalais@yahoo.com

Your Name(s): _____ Date: _____ Time: _____

Street: _____ Apt# _____

City/Town: _____ State: _____ Zipcode: _____

Home telephone: _____ Cell Phone: _____ E-Mail: _____

Occupation: _____ Work Phone: _____

Occupation (Spouse/Roommate): _____ Work Phone: _____

1. Are you at least 18 years old? _____ 2. Do you rent or own your home? _____

3. Do you live in a house _____ apartment _____ mobile home _____ with parents _____?

4. How long have you lived at the above address? _____ Do you plan to move w/in six months? _____

5. Landlord's name, address and phone number: _____

6. Does your landlord allow animals? Yes _____ No _____ In certain cases (explain): _____

7. How many people live in your household? _____ Do they all know you are adopting? _____

8. What are the ages of children who live in your household? _____

9. What are the ages of children who regularly visit? _____

10. Do any members of your household have allergies to dogs? _____ to cats? _____

11. Please check any of the following reasons for adopting:

DOG: Companion _____ Guard/Watch Dog _____ Hunting _____ Gift _____

CAT: Companion _____ Mouser _____ Gift _____

Other Reasons for Adopting: _____

12. Who will be responsible for the care of this animal? _____

13. Do you travel much? _____ If so, how will you provide for your animal while you are gone?

14. Are you familiar with animal control laws in your community? Yes _____ No _____

15. Please list all companion animals you have owned in the past 5 years. (You may continue on a plain paper.)

Type	Name/Sex	Age	Current Vaccinations	Spayed/ Neutered?	Does this animal still live in your household? If not, why?

16. Routine medical care, food and supplies for your new dog may be as high as \$300.00 per year. Since most shelter animals have unknown medical backgrounds, are you prepared to pay for these costs as well as necessary medical treatments? _____

17. Where will this dog or cat live primarily? Inside _____ Outside _____

18. If you are adopting a dog, do you own a doghouse? _____ How will you restrain the dog outdoors?

19. How many hours each day will the animal be left home alone? _____ Where will the animal be kept when alone? _____

20. How will you keep your animal(s) free of fleas and worms? _____

21. Are you willing to make every attempt to correct any behavior problems that may occur with this animal?

22. Are you willing to give this animal all the love, care and attention they deserve? _____

23. What made you decide to apply for adoption? _____

24. Your Veterinarian (name, address, phone) _____

PLEASE LIST 3 NON-FAMILY REFERENCES:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

PLEASE READ THIS SECTION BEFORE SIGNING

I, the undersigned, agree to the following statements. My signature below also confirms that the information provided above is true and correct. Any falsification or omission of any of the above information will result in automatic refusal of adoption or confiscation of the adopted dog.

1. PAWS has the right to deny the adoption of any pet for any reason.
2. The adoption fee is non-refundable.
3. The information you provide, including your animals' medical records, will be verified before you are approved for adoption.

Signature _____ Date _____