

**UNITED PAWS ADOPTION APPLICATION**



Name (Print) \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

I live in a (circle one): House Apartment Condo Mobile Home Status (circle one): Own Rent  
 Landlord's Name \_\_\_\_\_ Phone: \_\_\_\_\_

If you suddenly had to give up this pet for any reason, what would you do with this animal? \_\_\_\_\_

What will happen to this pet when you go on vacation or in case of emergency? \_\_\_\_\_

How many hours a day will this pet be left alone? \_\_\_\_\_ Where will it be kept? \_\_\_\_\_  
 Who, primarily, will be responsible for this pet? \_\_\_\_\_

Where will this pet be kept during the day? \_\_\_\_\_ The night? \_\_\_\_\_  
 If your new pet were to become seriously ill or injured and needed expensive veterinary care, what would you do? \_\_\_\_\_

Who is your current veterinarian (name & phone number)? \_\_\_\_\_  
 Who will be your pet's vet (name & phone number)? \_\_\_\_\_

To feed, vaccinate, and provide medical care for this animal, what do you expect to pay each year? \_\_\_\_\_

How do you feel about having this pet spayed or neutered? \_\_\_\_\_ Why? \_\_\_\_\_  
 How many people in your household? \_\_\_\_\_ # of children (please list age of children) \_\_\_\_\_

Does anyone in your household have allergies to animals? \_\_\_\_\_

What will you do if the new pet doesn't get along with your present pet(s)? \_\_\_\_\_

Have you ever had to turn an animal over to an animal shelter? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**REFERENCES (3)**

Name (please print)	Relationship	Phone Number

Please provide the following information for all pets you currently own or have owned in the past 5 years (cats & dogs)

Name	Breed	Age	Sex	Spayed/Neutered	How long did you own?	What happened to this pet

Are you aware that when you adopt an animal that you are taking on the responsibility for animal's lifetime, which may be up to 20 years? \_\_\_\_\_

Have you or anyone in your family ever been convicted or cited for crimes against animals? \_\_\_\_\_

Do you plan to have your cat de-clawed? \_\_\_\_\_ Do you know if there are other options? \_\_\_\_\_

Do you have a resident cat who is FIV or FILV positive? \_\_\_\_\_

*By signing below, I certify that the information I have provide is true and that any misrepresentation of facts may result in my losing adoption privileges with United Paws of Tillamook. **I also realize that there are no refunds on adoptions.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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OFFICE USE ONLY

Date Application Accepted: \_\_\_\_\_ Time: \_\_\_\_\_ Application Approved By: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Landlord Approval: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

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**United Paws of Tillamook, P.O. Box 159, Tillamook, OR 97141 ♥ Phone: 503/842-5663 (hotline) ♥ [unitedpaws@hotmail.com](mailto:unitedpaws@hotmail.com)**

**United Paws: 6-2010**