

PAWS PATROL ADOPTION APPLICATION

P.O. Box 1642
Green Valley, AZ 85622

Phone: 520-207-4024
Email: pawspatrol@cox.net

PET'S NAME _____

DATE _____

HOW DID YOU HEAR ABOUT US? _____

In order to be considered for an adoption, you must:

- Be at least 18 years old
- Have the knowledge and consent of all adults living in your household

- Have a valid ID with current address
- Understand that all adoptions must be approved by Paws Patrol

1. PERSONAL DATA (PRINT)

Name _____
 Address _____
 City _____ State _____ Zip _____
 Subdivision _____
 Home Phone _____ Cell Phone _____
 Email _____
 Occupation _____
 Employer _____
 Work Phone _____

2. HOUSEHOLD INFORMATION

Living accommodations: ___ House ___ Apartment ___ Condo
 ___ Trailer ___ Rent ___ Own Home ___ Other _____
 Landlord/Apt. Mgr.'s Name/Phone: _____
 If applicable, does your lease allow pets?
 ___ Yes ___ No ___ Unsure
 Deposit required? _____ Monthly rent increase? _____
For dogs only--Do you have a fenced-in yard? _____ If yes, describe the height and type _____
 Are your windows screened? _____ Yes _____ No
 Do you have a pet door open to outside? ___ Yes ___ No
 In addition to yourself, how many adults live in your home? _____
 Do you live with _____ Parents? ___ Roommates?
 How many children live in (or visit regularly) your home? _____
 What are their ages? _____
 Do you or any members of your household have any allergies to cats? ___ Yes ___ No Dogs? ___ Yes ___ No
 If yes, whom? _____
 How will you cope with allergies? _____

3. PET ACCOMMODATIONS

Where will your pet be kept during the **day**? (Check all that apply)
 ___ Indoors ___ Outdoors ___ Dog Pen ___ Crate ___ Garage
 Other _____

Where will your pet be kept at **night**? (Check all that apply)
 ___ Indoors ___ Outdoors ___ Dog Pen ___ Crate ___ Garage
 Other _____

Due to many threats to animals in the desert, we only adopt cats as secured, indoors pets. They must also wear a collar and Paws Patrol ID tag at all times.

How many hours will this pet be without human companionship per day? _____ per week? _____

Would you be willing to allow a representative from Paws Patrol to visit your home before the adoption is completed?
 ___ Yes ___ No

Have you adopted an animal from us before? _____

Name/address/phone of present vet: _____

OVER

<p>4. ANIMAL CARE INFORMATION It may take your new pet 2 weeks or more to adjust to a new home, especially with other pets. Are you prepared to allow this much time? ___Yes ___No</p> <p>What experience have you had in caring for sick or orphaned animals? _____</p> <p>What will you do with your pets if you move in the future? _____</p> <p>ANY PET ADOPTED THROUGH PAWS PATROL MUST BE RETURNED TO PAWS PATROL SHOULD YOU DECIDE NOT TO KEEP IT AT ANY TIME.</p> <p>Have you had pets before? _____Yes _____No</p> <p>Do you have pets of your own at this time? _____Yes _____No</p>	<p>Please list the pets you currently own (use back if needed):</p> <table border="1"><thead><tr><th><u>Species</u></th><th><u>Breed</u></th><th><u>Sex</u></th><th><u>Age</u></th><th><u>Spayed/neutered?</u></th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> <p>How much do you anticipate spending a year to fee, vaccinate, license and provide medical care for your pet? _____</p> <p>Do you realize that a cat or dog may live 15+ years? ___Yes ___No</p>	<u>Species</u>	<u>Breed</u>	<u>Sex</u>	<u>Age</u>	<u>Spayed/neutered?</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Species</u>	<u>Breed</u>	<u>Sex</u>	<u>Age</u>	<u>Spayed/neutered?</u>																						
_____	_____	_____	_____	_____																						
_____	_____	_____	_____	_____																						
_____	_____	_____	_____	_____																						
_____	_____	_____	_____	_____																						

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet. I authorize investigation of all statements on this application. I understand that this application is property of Paws Patrol.

Signature: _____

Date: _____

For Internal Use Only:
Above Information has been reviewed by: _____
Paws Patrol Representative

Date vet checked _____ Date home visited _____

PAWS PATROL ADOPTION CONTRACT

I agree to adopt _____

Date _____

- Paws Patrol has discussed with me the pet's behaviors and habits. Paws Patrol makes no representation or warranties regarding this pet's condition or behavior. I hereby release Paws Patrol from any and all loss, damage, expense, claim or cause of action in any way arising out of or relating to this pet or to any of Paws Patrol's efforts to facilitate the rescue and adoption of this animal.
- Paws Patrol has given me a record of this pet's medical history as known. I understand that this pet has received veterinary care through the Paws Patrol adoption program but undiagnosed conditions sometimes exist. I understand that if this animal is diagnosed with a previously undiagnosed condition that existed at the time of adoption, I may keep the animal and assume full responsibility for its treatment, or I may return the animal to Paws Patrol.
- I represent that I am adopting this pet as a companion and personal pet. I will maintain this pet at my primary residence listed below. I will inform Paws Patrol if I move from the address on this contract and can no longer keep the pet.
- I agree to obey any applicable vaccination laws and obtain and maintain licenses or permits relating to this pet as required by law.
- If unaltered, this pet must be sterilized by _____ (before 6 months of age).
- I agree to allow a representative of Paws Patrol to visit my residence at a reasonable time to ensure the terms of the contract are being followed.
- If I find that I cannot keep this pet, I will return it to Paws Patrol along with its complete medical record. If the pet is returned for any reason other than an undiagnosed medical condition, the adoption fee will not be refunded. Under no circumstances will this pet be abandoned, sold or turned over to an animal shelter or to any other person.
- **I agree to provide the care and attention necessary to ensure this pet's health and well-being including:**
 - **Adequate, quality food and water.**
 - **A collar and Paws Patrol ID tag on the cat at all times. We also suggest you add a tag with your phone number.**
 - **Secure, indoor shelter for cats. Paws Patrol requires that cats be kept inside. Indoor cats live longer. Your cat has received top-notch, expensive care while in our foster homes, and we want to ensure your cat will continue to have a long, healthy life. If your cat does escape outside, please call us right away so we can suggest ways to bring him back quickly.**
 - **All routine and emergency medical care**
- **Paws Patrol does not allow declawing, even by laser. If scratching is a problem, we will show you how to trim claws. We recommend alternatives such as Soft Claws and we can discuss other solutions. If you insist on having a declawed cat, please look for a cat who has previously been declawed.**
- I understand that this is an adoption contract and not a contract for the sale of this pet. The contract and the application I submitted to Paws Patrol constitute the entire contract for the adoption of this pet, and no prior representations or agreements are of any force and effect unless incorporated herein.
- I represent that I am at least 18 years of age and I have read this entire contract and understand all of the representations and conditions incorporated herein.
- **I UNDERSTAND THAT NONCOMPLIANCE OF ANY PROVISION OF THIS CONTRACT WILL CONSTITUTE A BREACH OF CONTRACT AND PAWS PATROL SHALL HAVE THE RIGHT TO DEMAND THE IMMEDIATE RETURN OF THIS PET.**

IF I RETURN THE CAT(S) FOR ANY REASON, I UNDERSTAND MY PAYMENT WILL BE CONSIDERED A DONATION.

Signature _____

Print Name _____