PACC RESCUE ADOPTION APPLICATION:

* **Name of Pet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Breed: Mix\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Type: Dog \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information:**

Full Name:

Occupation:

If Student Parent’s Name:

If Student Parent’s Phone Number:

If Student Parent’s Address:

Address:

How long at this address:

Daytime Phone:

Evening Phone:

Best time to Call:

Email Address:

Driver’s License #:

State:

DOB:

**Family & Housing:**

How many adults are there in your House?

How many children?         Ages?

What type of home do you live in single family, town, home, apartment, farm, etc?

Please describe your household:  \_\_ Active \_\_ Noisy \_\_ Quiet  - Average

Do you rent?  No What is the pet policy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can we contact your landlord?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord Name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anyone in the family have a known allergy to dogs?

Is everyone in agreement with the decision to adopt a dog?

How many other People in the house own dogs?

Do you have time to provide adequate love and attention?

**Other Pets**

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines?

Are these pets spayed/neutered?

Have you ever surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

How do you discipline your pets and why?

**Veterinarian**

Do you have a regular veterinarian? \_ Yes \_\_ No

Veterinarian’s name:

Clinic Name:

Clinic Address:

Clinic Phone:

This gives us permission to contact your Veterinarian to confirm?  Yes \_  No  \_\_\_\_\_\_

Please let your Veterinarian know we will be contacting them and give them permission to

give us the information we need.

**About the Dog You Wish to Adopt**

What is your idea of an ideal dog and why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desired age: \_\_\_\_\_        Desired Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desired breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed you would not adopt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desired sex: \_ Spayed Female \_ Neutered Male \_ No preference

Willing to adopt:   \_\_ outgoing/hyper dog                                 \_\_ shy dog

\_\_ dog that needs regular medication   \_\_ dog that needs training \_\_ dog that needs grooming         \_\_ None of these

Where will the dog spend the day? (*describe*)

Where will the dog spend the night? (*describe*)

Number of hours (average) dog will spend alone?

Who will have primary responsibility for this dog's daily care?

Who will have financial responsibility for this dog?

Do you agree to provide regular health care by a Licensed Veterinarian? \_ Yes   \_\_ No

Do you agree to keep the dog as an indoor dog?   \_ Yes \_\_No

When the dog goes out, how do you plan to supervise it? Fenced yard?

Do you agree to contact PACC if you can no longer keep this dog?   \_ Yes    \_\_No

Are you be willing to let a representative of PACC visit your home by appointment?

\_\_Yes \_\_No

How did you hear about PACC?

Would you be interested in fostering?   \_\_Yes \_ No    \_\_Would like to know more

**Personal References**

Please list someone who is familiar with both you and your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

(Signature)                                                                                                                 (Date)