



629 Oakland Park Avenue, Columbus, OH 43214, (614) 267-PAWS

ADOPTION APPLICATION

Pet's Name: _____ Circle One: CANINE / FELINE

Breed: _____ Sex: M / F Age: _____

Applicants Name: _____

Address: _____

City/State/Zip: _____ County: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

REFERENCES (only one reference may be a relative):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Place of Employment & Occupation: _____ Student?: Y / N

DO YOU: Rent an Apartment? _____ Rent a House? _____ Own a Condo? _____

Own a House? _____ Live with Parents? _____

Landlord's Name: _____ Phone: _____

Adults at Home: _____ # Children at Home and Ages: _____

Has anyone in the home been charged or convicted of a crime related to violence?: _____

IF ADOPTING A CAT:

How will you prevent cat from scratching furniture, etc.?: _____

Will you let it outside and under what circumstances?: _____

Do you intend to declaw this cat?: _____

IF ADOPTING A DOG:

Do you expect it to have accidents in the house, even if it's housebroken?: _____

How will you deal with behavioral problems that may arise with your new or current pet?: _____

(OVER)

How many pets currently reside in the home? Please give name, breed, and age.: _____

How long have you owned the pet(s) listed above?: _____
Are they current on their vaccinations?: _____ Are they spayed/neutered?: _____

Your Current Veterinarian: _____ Phone: _____

What pets have you owned in the past five years, other than current pets? Please give name and breed: _____
When and why did the relationship end with these pets?: _____

Where will your pet stay during the day?: _____ At night?: _____
Do you have a fenced backyard?: _____ Do you own a crate?: _____

Why do you want a pet? (circle all that apply): Companion / Gift / Watch Dog / To Breed / Mouser / Child's Pet / Friend for other pet
Do you intend to breed this pet?: _____

Have you ever surrendered a pet to a pound/humane society/rescue/other?: _____

Per year, how much do you expect veterinary costs to be?: _____
Can you/will you afford an average of \$500 in vet expenses should this pet become ill?: _____

Why would you NOT keep a pet (circle all that apply): allergies / moving / marriage / divorce / too expensive / new baby / illness / gets too big / new job / animal's behavior / current pet does not like new pet / lack of knowledge / no reason

Have you ever applied here before?: _____ Have you ever adopted from here before?: _____
Please tell us how you found out about Pets Without Parents: _____

Pets Without Parents, Columbus relies on the information given above to be complete and accurate in order to act on your application in a timely manner. Any false statements, misrepresentations, inaccurate information, or failure to supply the data requested may serve as a rejection of your application. By signing this application you are authorizing the use of any screening agencies to verify criminal history and validate the accuracy of all information recorded above, and you give Pets Without Parents, Columbus the right to call your references, landlord, and veterinarian. Pets Without Parents, Columbus reserves the right to reject any application for any reason.

Applicant's Signature: _____ Date: _____
Application Received by: _____

ADOPTION INTERVIEW (For Employee Use Only)

Driver's License Number: _____ DOB: _____
Manager's Approval: _____ Date: _____