

## Preliminary Adoption Form

This questionnaire must be completed by anyone interested in adopting a companion animal from PAWS Columbus, Inc. The staff at PAWS is committed to placing our animals in permanent, responsible homes and at the same time match you with a companion which is suitable for you and your lifestyle.

***The providing of false information herein will result in the forfeiture of adoption fees and any animals adopted.***

Mr-Mrs-Ms First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. How long have you lived at the above address? \_\_\_\_\_

2. What type of pet are you looking for? Dog  Cat  Puppy  Kitten  Other

3. Please check any of the reasons for adopting this pet: Family Pet  Childs Pet

Watchdog  Companion  Breeding  Hunting Dog  Business Guard Dog

Companion for another Pet  Other  \_\_\_\_\_

4. Are you 18 years of age or older? Yes  No

5. Place of Employment \_\_\_\_\_

6. Do you live in a: House  Apartment  Townhouse  Mobile Home  Duplex

7. Do you own your home? Yes  No

8. If you lease, does your lease allow pets? Yes  No  Unsure

9. What is the name of your Landlord or apartment complex? \_\_\_\_\_

Restrictions \_\_\_\_\_ Phone # \_\_\_\_\_

10. How many people live at your residence? \_\_\_\_ Is everyone aware of your plans to adopt? Yes  No

11. What are the ages of any children in your household? \_\_\_\_\_
12. Do any members of your household have any allergies? Yes  No  If yes, what type \_\_\_\_\_
13. Will an Adult be home during the day? Yes  No  Part Time
14. Who will be responsible for the care of your pet? \_\_\_\_\_
15. Have you previously adopted from PAWS Columbus? Yes  No
- Other Rescue Group? Yes  No
- If yes, where is that pet now? \_\_\_\_\_
16. How many pets have you owned in the past 5 years? \_\_\_\_\_
- Where are these pets now? \_\_\_\_\_
17. If you currently have other pets in your home please list their breed, age and sex:  
\_\_\_\_\_
- Are they current on their vaccines? Yes  No
18. Has a dog died on your premises of distemper, parvo, or unknown causes within the past 6 months?  
Yes  No
19. Has a cat died on your premises of distemper, leukemia, or unknown causes within the past 6 months?  
Yes  No
20. Do your pets live indoors  outdoors  both  ?
21. What is the name of your Veterinarian or Veterinary Clinic? \_\_\_\_\_
22. Would you allow a representative of PAWS to make a home visit to inspect the premises where your adopted pet will be living? Yes  No

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date