



PALS FOR PAWS INC.

P.O. Box 1034

Kokomo, IN 46903-1034

(765) 454-8796

Email: palsforpawshc@aol.com



Adoption Application

Date	
Animal's Name	
Applicant Information	
Name	
Address	
City / State / Zip	
Own or Rent?	
Fenced-in Yard?	
Home Phone	
Work Phone	
Cell Phone	
E-mail Address	
Number of Adults in Household?	
Number of Children? Ages?	
Other Pets? Type, Gender, Age?	
Have you owned a pet before?	
Where did you get it? What happened to it?	
Do your children have experience with pets?	
How will your pet spend its time outside?	
How will you discipline your pet?	

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Adoption Application Continued

Ever taken an animal to a Humane Society? Why?	
Why do you want to adopt this animal?	

These are questions about the pets you have now.
Your veterinarian may be contacted as a reference.

Veterinarian? Phone Number?	
Pets spayed or neutered?	
Vaccinations current?	
Pets on heartworm preventative?	
Are they inside or outside pets?	
Additional Information	

I understand that I am responsible to have my pet spayed or neutered by _____

By signing this adoption agreement, I consent to a pre-adoption visit by a member of the Pals for Paws staff and to follow-up visits or phone calls to check on the welfare of this pet.

I agree that if, FOR ANY REASON, I have to give up this pet, I will contact Pals for Paws, Inc. so that they may find it a new home.

I certify that the information I provided is true and correct. I understand that Pals for Paws, Inc. has the right to approve or deny this application in accordance with its policy.

I understand that if I change my mind about adopting this pet, my adoption fee will be refunded ONLY IF I notify Pals for Paws within 72 hours (3 days) of its adoption.

Signature and Date _____

Pals for Paws Staff Only

_____ Approved
_____ Not Approved
_____ Adoption Fee

Comments:

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Pals for Paws Staff Member Signature _____