Hello thank you for choosing Kentucky Paws INC Animal Rescue.

We wanted to take a few minutes to give you some information.

Frist we want to let you know that all fees are none refundable. 2ed do not pay a deposit unless your coordinator has told you to or given the ok to do so. Spay/neuter is included in the adoption fee and the pet will have to come back to Kentucky Paws for that if it is not already done. If you are adopting a puppy under 6 months old it will not be fixed and will have to come back for the spay/neuter. You can talk to the coordinator about spay/neuter if you are out of town. We do adopt out of state but you will have to travel to pick up the pet. We do not ship or fly pets. We do same day adoptions to help people out of town.

APPLICATION FOR CANINE ADOPTION

|  |  |  |
| --- | --- | --- |
| DATE: | Name of Dog Desired: | Color(s) |
| Age of Dog Desired: | Oldest Dog Considered: | Approx, weight an adult Dog: |

APPLICANT INFORMATION

|  |  |  |
| --- | --- | --- |
| Name: | Address: | City: |
| State: | Zip: | NOTES: |
| Home Phone: | Cell: | Work: |
| E-Mail: | Date of Birth: | Number of people in home: |
| If children are in home please list ages: | Are you or anyone in your family allergic to pets? | NOTES: |
| Are you presently Employed | Employer Name: | Employer Phone: |
| Unemployed: | Retired: | Student: |

CO-APPLICANT INFORMATION

|  |  |  |
| --- | --- | --- |
| NAME: | RELATIONSHIP: | NOTES: |
| HOME PHONE: | CELL: | WORK: |
| E-MAIL: | DATE OF BIRTH: | PRESENTLY EMPLOYED? |

GENERAL INFORMATION

|  |  |  |
| --- | --- | --- |
| TYPE OF RESIDENCE: | IF RENTAL ARE DOGS ALLOWED? | SIZE RESTRICTIONS? |
| COMPLEX NAME? | MANAGER/LANLORD: | WHERE WILL THE DOG LIVE? |
| INSIDE: | OUTSIDE: | INSIDE AND OUT: |
| MOSTLY INSIDE: | MOSTLY OUT: | WHERE WILL YOUR DOG SPEND NIGHTS? |
| DO YOU HAVE A FINCED YARD? | HOW HIGH? | WILL YOUR DOG RUN LOOSE? |
| HOW MANY HOURS PER DAY WILL THE PET BE ALONE? | WHERE WILL THE PET BE WHEN ALONE? | DESCRIBE THE ACTIVITY LEVEL IN YOUR HOME? |
| BUSY: | NOISY: | MODERATE: |
| QUIET: | OTHER: | NOTES: |
| IN THE ABSENCE OF THE PRIMARY CAREGIVER WHO WILL CARE FOR YOUR PET? | NAME: | RELATIONSHIP: |
| UNDER WHAT CIRUMSTANCES WOULD YOU RETURN A PET? | NEW JOB: | DIVORCE: |
| NEW BABY: | MOVE: | ILLNESS: |
| OTHER: |  |  |
| ARE YOU WILLING TO TAKE RESPONSIBILITY IF THIS PET ACQUIRES AN ILLNESS FOR OR TEST POSITIVE FOR HEART WORMS? | ARE YOU WILLING AND ABLE TO PAY THE VETERINARY COSTS OF CAREING FOR YOUR PET? | ARE YOU WILLING TO TAKE THE TIME TO WORK WITH A DOG ON HOUSEBRAKING OR CHEWING? |
| WOULD YOU CONSIDER OBEDIENCE TRAINING FOR YOUR PET? | HOW MUCH TIME ARE YOU WILLING TO ALLOW YOUR NEW PET TO ADJUST TO YOUR HOME? | NOTS: |
| HAVE YOU HAD PETS IN THE PAST 5 YEARS? | IF YES PLEASE COMPLETE THE FOLLOWING CHART: |  |
| NAME/TYPE OF PET, YEARS OWNED? | SPAYED/NEUTERD  INSIDE OR OUT | WHERE IS PET NOW |
|  |  |  |
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|  |  |  |
| CURRENT OR PAST VET NAME: | PHONE: | DO YOU CONSIDER YOU DOG AS PART OF THE FAMILY? |
| WILL YOUR DOG BE ON HEART WORM PREVENTION? | ARE YOU AWARE THAT A DOG IS A LIFE LONG COMMITMENT? | HOW DID YOU HEAR ABOUT KENTUCKY PAWS INC ANIMAL RESCUE? |
|  | PERSONAL REFERENCES |  |
| NAME: | PHONE: | RELATIONSHIP: |
| NAME: | PHONE: | RELATIONSHIP: |