

Claws and Paws Rescue

PO BOX 55 ■ WEST BRANCH, MI 48661 ■ 989.345.2479

At this time we are not able to accept applications from out of state due to the necessity of home checks

APPLICATION: _____ Foster _____ Adopt

Claws and Paws Rescue believes a successful adoption is achieved by matching the right home to the right pet. We will assist you in making a decision regarding which animal will best suit your family and lifestyle. Your answers to these questions will help us to identify the animal that can successfully become a loving member of your family.

Date _____ Is there a specific animal you are interested in? _____

Please specify the animal: _____

ADOPTER INFORMATION

Name _____

Address _____ City/State/Zip _____

Email _____

Home Phone _____ Cell Phone _____

ABOUT YOUR HOME

How long have you lived at your current address _____

Type of home: _____ House _____ Apartment _____ Mobile Home _____ Condo

Do you own this dwelling _____ If no, you must provide a lease or other documentation to show permission from your landlord/association that you can own an animal

Fenced yard _____ Type of fence _____ Height _____

What are the dimensions of the yard that is fenced _____

Please list the names and ages of everyone in the household

_____	_____
_____	_____
_____	_____

Has anyone in your household been convicted of a felony? If so, please explain:

At what age do you feel children are responsible enough to take care of a pet without assistance? (Such as walking, feeding, training) _____

If your present relationship were to change, and you were no longer able to care for your adopted animal, a new application must be submitted and approved in order to transfer ownership. Do you agree to return the pet to our care for this to happen? INITIAL _____

Does anyone in your household have allergies to animals that you are aware of? _____

Is someone home during the day? _____

How many hours per day will the animal be home alone? _____

Where will the animal spend most of his/her day when you **ARE HOME**? _____

_____ Indoors _____ Yard _____ Indoors/Outdoors _____ Garage

_____ Indoors and crated OTHER: _____

Where will the animal stay when you **ARE NOT HOME**?

_____ **Indoors/Outdoors** (via a doggy door)

_____ **Inside** only (please specify)

_____ Run of the house _____ Crate _____ Specific room(s)

_____ **Outside** only (please specify)

_____ Yard _____ Garage _____ Other

Where will the animal sleep at night? _____

This animal most likely will live 15+ years, what would you do if you could no longer care for this dog or cat?

Under what circumstances would you NOT keep a dog or cat?

Divorce Illness in family Move New Baby New Job
 Allergies Shedding Too Big Illness in the animal
 Houstraining issues Chewing/Barking/Digging Not obedient enough
 Other (please explain) _____

Please tell us about your **CURRENT COMPANION ANIMALS**

Name & Breed	Age & Sex	How Obtained	How Long Owned
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Please provide us with the **NAME & PHONE NUMBER** of your veterinarian(s) you have used for your current and past owned pets for sterilizations and vaccines. Please post the name that the records will be under. To speed things along please call your vet clinic and release your information to us.

PREVIOUS PETS

Name & Breed	Age & Sex	How Obtained	How Long Owned
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Have any of your dogs or cats ever had puppies or kittens? _____

If YES you bred for _____ FUN _____ PROFIT _____ SHOW _____ ACCIDENT

Please tell us about the type of DOG or CAT you are looking for _____ DOG _____ CAT

Sex preferred _____ Age preferred _____ Breed _____

Have you ever adopted through a rescue before? If so, which one: _____

Are there any qualities/personality traits that you are looking for? _____

What is your lifestyle? _____ Active _____ Moderately Active _____ Quiet/Low Activity

How would you describe your animal owning experience? _____

If the animal becomes destructive at your home, what would you do? _____

If the animal has "accidents" what would you do? _____

If the animal becomes aggressive to people or other animals, what would you do? _____

If the animal shows signs of separation anxiety, what would you do? _____

If the animal becomes ill or injured are you ready to cover medical care? _____

Is there anything else you would like to tell us about yourself? _____

Please list three **PERSONAL REFERENCES** and their relationship to you

- REFERENCES CANNOT BE RELATIVES OR ROOMMATES -

Name _____ Relationship _____ Phone _____

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Please read and Initial each statement below:

_____ I understand that I WILL BE SUBJECT to a home visit prior to final placement.

_____ I understand that a home visit does not guarantee placement.

_____ I understand that all animals adopted through the rescue **MUST** be sterilized by 6 months.

_____ I understand that once approved, an application is held open for 6 months, and I will notify Claws and Paws Rescue if any changes occur that may change my application.

The information provided on this application is to the best of my knowledge, true and complete. I understand that falsifying answers on this application, or at any time during the adoption process, will disqualify me from adopting an animal through Claws and Paws Rescue (CAPR). By submission of this application, I grant permission to CAPR to verify information through my landlord/association, if applicable, and through my veterinarian. I further grant permission to said landlord to release such information upon request by an authorized CAPR representative.

The final decision as to whether an applicant can provide for the lifetime needs of an individual animal is the sole discretion of CAPR and we reserve the right to refuse any applicant, without explanation.

Signature

Date

Please return completed application to

Claws and Paws Rescue ■ PO BOX 55 ■ West Branch, MI 48661

Questions? Please call 989.345.2479