

Claws and Paws Rescue

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

PLEASE NOTE THAT WE REQUIRE CONSISTENT RABIES AND DISTEMPER VACCINES and STERILIZATIONS ON ALL CURRENT AND PAST PETS IN ORDER TO BE APPROVED FOR ADOPTION/FOSTER

APPLICATION: Foster _____ Adopt _____ Foster to 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. Claws and Paws Rescue **does NOT adopt dogs out in any of the following cases:**

A home in which the dog's or cat's primary caregiver(s) is under the age(s) of 23.

A home where current or past dogs and/or cats have not been spayed/neutered.

A home located in a city or township with breed-specific legislation (we recommend you research your city's animal-related ordinances prior to filling out this application).

A home in which a resident has been convicted of abuse to a child or animal.

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 _____ Work, Retired, Disabled or in School? _____

If physical limitation or in school please explain _____

Name of Employer _____

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

Do you have a SECURED, fenced in yard? _____ Type of fence _____ Height _____

Please list **the names and ages of everyone and who they are in the household**. Ex: Self ,spouse, partner, son, daughter, etc: _____

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

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? _____

If you were gone more than 4-5 hours from the home, how would you accommodate your pets care needs? _____

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

Indoors ___ Indoors/Outdoors ___ Garage ___ Indoors/crated _____ OTHER: _____

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

Indoors/Outdoors _____ Inside only (please specify) _____ Run of the house _____
Crate _____ Specific room(s) _____ Do you have a doggie door? _____

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) _____

CURRENT COMPANION ANIMALS, tell us about them: If your pets are young and you have Vaccine appointments upcoming, let us know. **We require all applicants' current and past pets to be spayed or neutered and consistently up to date on rabies and distemper in order to be approved to adopt. We will verify consistent rabies and distemper vaccines and sterilization.**



Name Breed Current age Gender Where obtained? How long owned?

Have all of your current and past pets been sterilized? _____ If no please explain _____

IMPORTANT NOTE: IN ORDER TO BE APPROVED FOR ADOPTION ALL CURRENT AND PAST PETS HAVE TO BE OR HAVE BEEN STERILIZED. IF THERE WAS A MEDICAL REASON WHY THEY WERE NOT, PLEASE LET US KNOW IN THE NOTES SECTION.

Please provide us with the **NAME & PHONE NUMBER of All OF your veterinarian(s) you have used for your current and past owned pets for rabies, distemper vaccines and sterilizations.** Please post the HUMAN name that the records will be under. **To speed things along please call your vet clinic and release your information to us. They won't share info without your call. Thank you.**

VETERINARIAN #1

OFFICE NAME PHONE NUMBER NAME OF PET HUMANS NAME

VETERINARIAN #2

VETERINARIAN #3

VETERINARIAN #4

NOT COUNTING YOUR CURRENT PETS, HOW MANY PREVIOUS/PAST PETS HAVE YOU HAD IN THE LAST SEVEN (7) YEARS

Name Breed Gender Age How long owned? Year Passed?

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 _____ Activity is Quiet/Low _____

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 able and ready to cover medical care? _____

Is there anything else you would like to tell us about yourself or your pets vet care.

Please list three PERSONAL REFERENCES and how you know them too, - REFERENCES CANNOT BE RELATIVES OR ROOMMATES. Please don't list your Vet as they are very hard to reach. Thank you.

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 _____.

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, 114 S. Valley St., West Branch, Michigan 48661