



PET ADOPTION APPLICATION

Support Paws, Inc.

PO Box 382421

Birmingham, AL 35238

shannon@supportpaws.com

Phone 205-578-2737

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ WorkPhone: _____ Age: _____

Email Address: _____

1. Name of pet you are applying for: _____

2. Description of pet you
are applying for (or looking for): _____

3. Do you want this pet for: COMPANION PROTECTION GIFT
OTHER _____

4. This pet will be without human companionship for about _____ hours
per day, _____ days per week.

5. Where will your pet be kept during the day? (circle all that apply)
INDOORS OUTDOORS DOG PEN CRATE BASEMENT
GARAGE OTHER _____

During the night? INDOORS OUTDOORS DOG PEN CRATE
BASEMENT GARAGE OTHER _____

6. If adopting a cat, do you plan to let it outdoors? YES NO
If yes, how often? _____

Do you prefer a declawed cat? YES NO

7. If adopting a pet other than a dog or cat, please describe where the pet will be kept:

8. Where do you live? HOUSE APARTMENT TOWNHOUSE OTHER _____
_____ I RENT _____ I OWN _____ WITH MY PARENTS

Landlord's name: _____ Phone: _____

9. Does your landlord allow pets? YES NO DON'T KNOW
 Deposit required? _____ Monthly rent increase? _____
10. Do you have a fenced yard? YES NO
 If fenced, please describe the height and type: _____
11. Please provide the following information about your household:
 Number of adults: _____ Ages: _____
 Number of children: _____ Ages: _____
12. Is anyone in your family allergic to animals? _____ CATS DOGS
13. What will you do with your pets if you move in the future: _____

14. How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care for your pet? _____
15. Would you be willing to allow us to visit your home before the adoption is completed? _____
16. Have you ever given a pet up? Why? _____

17. What type(s) of pets do you own or have owned in the last 10 years?

Name	Type/Breed	Kept Where	Age	Neutered	Sex	Still Own?
				YES NO		YES NO
				YES NO		YES NO
				YES NO		YES NO
				YES NO		YES NO

18. Who is (was) your veterinarian for the above animals?
 Name: _____
 Address: _____
 Phone: _____
19. Who is the veterinarian that you plan to use for your new pet?
 Name: _____
 Address: _____
 Phone: _____
20. Please provide a personal reference:
 Name: _____
 Address: _____
 Phone: _____
21. Do you realize that a dog or cat may live 15 or more years? YES NO
22. It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved. Are you prepared to allow this much time? YES NO
23. When would you be ready to bring your new pet home if approved?

24. How do you plan to house train your dog? _____

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet from Support Paws, Inc. I authorize investigation of all statements on this application.

Signature: _____ Date: _____

Completed applications may be emailed to: shannon@supportpaws.com