



# ADOPTION APPLICATION

Please answer all questions to the best of your ability and **return the application via email at [adopt@pi4w.com](mailto:adopt@pi4w.com)**

All fields required unless marked

## DOG INFORMATION

Dog's Name

What most interested you in this dog?

What age ranges are you interested in? *Check all that apply*

Less than 1yo     1-3yo  
 4-7yo     8+

## ADOPTER INFORMATION

First Name

Last Name

Date of Birth *Adopter must be 25 years of age*  
mm/dd/yyyy

Phone  Cell  Home

Email

Address

Address 2 *Optional*

City

State Zip

## HOUSEHOLD INFORMATION

How long have you lived at this residence?

\_\_\_\_\_ years Do you rent months  Rent  Own *Renters must provide a letter from your landlord stating you are able to have the type of pet you are looking to adopt.*

Is everyone in your household aware of and on board with your intentions to foster dogs?

Yes  No  It's a surprise for: \_\_\_\_\_

Household resident	Age	Relationship	Household resident	Age	Relationship
_____	_____	_____	_____	_____	_____
Household resident	Age	Relationship	Household resident	Age	Relationship
_____	_____	_____	_____	_____	_____
Household resident	Age	Relationship	Household resident	Age	Relationship
_____	_____	_____	_____	_____	_____



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## CURRENT AND PAST PETS

What is your experience with pets?

I currently have a pet(s)

I don't currently have a pet but have owned pets before

I have never owned a pet before

Please list all animals currently living in your household.

Name	Age	Gender	Species	Breed	Spayed/Neutered
Pet _____					
<input type="checkbox"/> Lives inside home	<input type="checkbox"/> Lives outside				

Name	Age	Gender	Species	Breed	Spayed/Neutered
Pet _____					
<input type="checkbox"/> Lives inside home	<input type="checkbox"/> Lives outside				

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Pet _____					
<input type="checkbox"/> Lives inside home	<input type="checkbox"/> Lives outside				

Name	Age	Gender	Species	Breed	Spayed/Neutered
Pet _____					
<input type="checkbox"/> Lives inside home	<input type="checkbox"/> Lives outside				

Please list all previous animals not currently living in your household

Name	Age	Gender	Species	Breed	Spayed/Neutered
Pet _____					
<input type="checkbox"/> Deceased	<input type="checkbox"/> Gave away				

Name	Age	Gender	Species	Breed	Spayed/Neutered
Pet _____					
<input type="checkbox"/> Deceased	<input type="checkbox"/> Gave away				

Name	Age	Gender	Species	Breed	Spayed/Neutered
Pet _____					
<input type="checkbox"/> Deceased	<input type="checkbox"/> Gave away				

Name	Age	Gender	Species	Breed	Spayed/Neutered
Pet _____					
<input type="checkbox"/> Deceased	<input type="checkbox"/> Gave away				



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## CURRENT AND PAST PETS

If any deceased or gave away was selected please explain

Under what circumstances, if any, would you return your pet to Paw It 4ward?

- |  |  |
|--|--|
| <input type="checkbox"/> New baby                                    | <input type="checkbox"/> Vet costs too expensive |
| <input type="checkbox"/> Became allergic to new pet                  | <input type="checkbox"/> Destructive             |
| <input type="checkbox"/> Moving to somewhere that does not allow pet | <input type="checkbox"/> Not housebroken         |
| <input type="checkbox"/> Not enough time                             | <input type="checkbox"/> Other                   |

Other *Please explain*

How many hours per day will your dog be home alone?

How do you discipline and house train your current or past pets? Do you ever tether your dogs?

## BEHAVIOUR INFORMATION

Please mark the characteristics that are most important to you in a dog.

- |                                       |  |   |  |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Kid friendly | <input type="checkbox"/> Large size        | <input type="checkbox"/> Shy or timid       | <input type="checkbox"/> Leash trained   |
| <input type="checkbox"/> Dog friendly | <input type="checkbox"/> Mostly quiet/calm | <input type="checkbox"/> Outgoing/energetic | <input type="checkbox"/> Potty trained   |
| <input type="checkbox"/> Cat friendly | <input type="checkbox"/> Cuddler           | <input type="checkbox"/> Sleeps in dog bed  | <input type="checkbox"/> Crate trained   |
| <input type="checkbox"/> Small size   | <input type="checkbox"/> Loner             | <input type="checkbox"/> Sleeps in your bed | <input type="checkbox"/> Likes car rides |

Dogs with medical and behavior challenges still make great pets. Would you consider adopting a dog with any of the following?

- |   |  |
|---|--|
| <input type="checkbox"/> Separation anxiety | <input type="checkbox"/> Amputee                       |
| <input type="checkbox"/> Blind              | <input type="checkbox"/> Diabetes or thyroid condition |
| <input type="checkbox"/> Deaf               | <input type="checkbox"/> Allergies                     |



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Do you have experience with any health/behavior issues? Please explain:

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## PERSONAL REFERENCES

Please provide two personal references whom we may contact (only one can be a family member)

First Name

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Last Name

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Phone

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Cell  Home

Email

---

First Name

---

Last Name

---

Phone

---

Cell  Home

Email

---

## VETERINARIAN REFERENCES

Please contact your vet and give them permission to release information as part of the reference check.

Vet Clinic

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Veterinarian

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I do not currently have a veterinarian

Phone

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Email

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Thank you for your interest in adopting a dog from us.

Please review and confirm the following.

This application is a non binding agreement. Applicant is under no obligation to adopt a dog, and Paw It 4ward is under no obligation to provide a dog to applicant. Dogs suggested to the applicant based on this application and the subsequent interview and home check may differ from dogs listed on this application, as Paw It 4ward may believe that a different dog is a better match for said applicant.

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 The information I have provided is true to the best of my knowledge. I give permission to representatives of Paw It 4ward to call my references and my veterinarian and discuss my ability to care for a dog

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 I have read and understand [Paw it 4Ward adoption process](#)

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Print Name

Signature

Date