

**ADOPTION APPLICATION**

**Floyd County Humane Society (PAWS)**

**PO Box 651 – 303 Shaw Avenue**

**Charles City, IA 50616**

**Website – www.pawscharlescity.com Cell – 641.228.0262 Email – pawscharlescity@gmail.com**

PAWS is a 501c3 non-profit animal shelter that works with the City of Charles City. Nearly all our animals come into the shelter as strays picked up by the Police Department within Charles City, city limits. Animals have a 7-day holding period to be claimed. If not claimed, they are fully vaccinated, spayed/neutered, microchipped, and are available for adoption!

We screen our applicants closely, as we want to ensure our animals will find their forever home after leaving our shelter. Only *complete* applications will be considered, and you must be 19 years or older to adopt.

Date \_\_\_\_\_ Animal Name \_\_\_\_\_ Circle: Dog / Cat Male / Female

**Personal Information:**

Adopter Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ How long have you been employed there? \_\_\_\_\_

Why are you adopting a pet? Circle all that apply: Companion Companion for Pet or Child Farm Cat

**Your Residence:**

Circle: House Apartment Acreage Farm Condo Dorm Mobile Home

Do you own or rent your home? Own Rent

Property Manager or Landlord’s Name \_\_\_\_\_ Phone \_\_\_\_\_

# Adults in Household \_\_\_\_\_ # Children in household & Ages \_\_\_\_\_

Do you or any family members have animal allergies? Yes / No Explain \_\_\_\_\_

Fenced in Yard? Yes / No If yes, how big? \_\_\_\_\_ If no, do you plan to fence in the yard? Yes / No

Does your city require dogs to be registered? Yes / No

If you are applying to adopt a cat, do you plan to declaw your cat? Yes / No

**References:** Our screening process requires 2 references that we often contact for information about your current or past pet ownership to make sure you’d be a good match for the pet you’re wanting to adopt.

References should not be relatives.

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

**Current or Previous Animal History:**

Have you adopted from a shelter before? Yes / No Shelter \_\_\_\_\_

Have you been refused an adoption from a shelter? Yes / No Shelter \_\_\_\_\_

**What Kind of Pets Do You Own, or Have you Owned in the Past 10 Years?**

Pet's Name	Type/Breed	Where Kept	Age	M/F	Spayed/Neutered	Still Own?	If not, Why?
_____	_____	_____	_____	_____	Yes / No	Yes / No	_____
_____	_____	_____	_____	_____	Yes / No	Yes / No	_____
_____	_____	_____	_____	_____	Yes / No	Yes / No	_____
_____	_____	_____	_____	_____	Yes / No	Yes / No	_____
_____	_____	_____	_____	_____	Yes / No	Yes / No	_____

Are your pets current on the Rabies and Distemper Vaccines? Yes / No

What type of identification will you put on your pet(s)? \_\_\_\_\_

What arrangements will you make for your pet(s) when you're out of town? \_\_\_\_\_

If you move in the future, what will you do with your pet(s)? \_\_\_\_\_

If you become unable to care for your pet(s) do you have family who can care for them? Yes / No

Please identify who will care for them \_\_\_\_\_

**Past or Current Veterinarian Information:**

We will be calling your current or previous veterinarian(s) to confirm current or previous vet care. We require all pets in the home be current on Rabies & Distemper Vaccines as well as spayed or neutered. This is our shelter's policy and the Rabies Vaccination is required by law in the state of Iowa.

Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_

City/State \_\_\_\_\_ Last Vet Visit \_\_\_\_\_ Why? \_\_\_\_\_

Owner Name Listed on File at Vet \_\_\_\_\_

How long have you been going to this vet? \_\_\_\_\_

2<sup>nd</sup> Vet Reference if your animal has been to a different veterinarian than above.

Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_

City/State \_\_\_\_\_ Last Vet Visit \_\_\_\_\_ Why? \_\_\_\_\_

Owner Name Listed on File at Vet \_\_\_\_\_

How long have you been going to this vet? \_\_\_\_\_

**For Dog Adopters:**

Do you plan on taking your dog to training classes? Yes / No If yes, what kind? \_\_\_\_\_

Where will your dog be kept during the day? \_\_\_\_\_ At Night? \_\_\_\_\_

PAWS does not do heartworm testing at this time, but it is highly recommended to get your dog tested and started on preventative.

**Please Read Each of the Following Paragraphs Carefully, then Initial Each Paragraph**

\_\_\_\_\_ In adopting this pet, the owner agrees to:

1. Accept and keep the cat/dog as a companion,
2. Provide humane care, giving proper food, water, shelter, exercise, and attention.
3. See a veterinarian for regular preventative care and immediate attention if/when it becomes ill or injured.
4. Comply with all city/state laws pertaining to animal welfare. Ex: Number of pets allowed per household & registered with the city if required.
5. Indemnifies and holds harmless PAWS Humane Society for any damages which the pet may do to any person or property.
6. Understand that adopting an animal is a full-time and life-long commitment.

\_\_\_\_\_ Should a medical problem develop within 14 days, the animal may be returned with a veterinarian's statement regarding the problem, or, if the animal is not compatible in the home within the first 14 days, the adopter may request their adoption fee be refunded and the animal is returned to PAWS Humane Society. Please stay in contact with PAWS Managers if this situation arises.

\_\_\_\_\_ After 14 days, the animal is the adopter's financial responsibility, and if you decide you no longer want the pet, it is your responsibility to find the pet a good home and inform PAWS of the new home. PAWS is not obligated to take the animal back and is not responsible for any expenses incurred in treating the animal after the 14 days. Please stay in contact with PAWS Managers if this situation arises.

\_\_\_\_\_ PAWS Humane Society reserves the right to refuse adoption of an animal to an adopter that does not meet the above standards. This includes the right to follow up animal adoptions and remove the animal if:

1. The animal is not receiving adequate care or is neglected.
2. The animal is being abused.
3. The animal is penned outside day and night or housed in a garage or outbuilding with no human interaction.
4. The animal is allowed to roam outside unsupervised by the adopter.
5. Cats given to farms must have food, water, and shelter all year round.

\_\_\_\_\_ If any cat/dog is not spayed/neutered at the time of adoption, I agree to get it spayed or neutered as soon as possible. Under no circumstances will I allow this animal to be bred or breed.

All immunizations, medicine, veterinary expense, boarding, and other liabilities obtained after adoption are the sole responsibility of the owner.

Only a "Veterinarian Treatment Authorization Form" signed at the time of adoption will allow veterinarian treatments at the vet designated by PAWS, otherwise agreed upon at the time of adoption.

By signing below, I certify that I have read all the above information and have provided all true and correct information. I recognize that any misinterpretation of facts may result in relinquishing my privilege of adopting or keeping my adopted pet. I understand PAWS has the right to deny my request to adopt an animal and I authorize investigation of all statements in this application. I understand this application is property of PAWS Humane Society.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of PAWS Manager \_\_\_\_\_ Date \_\_\_\_\_

Applicant Interviewed Yes / No Date \_\_\_\_\_ By \_\_\_\_\_

Adoption Approved Yes / No Date \_\_\_\_\_ If no, why? \_\_\_\_\_

Landlord's Approval Yes / No Date \_\_\_\_\_ If no, why? \_\_\_\_\_