



**Paws R Us Inc.
Animal Sanctuary
Adoption Application**

Personal Information:

Full Name: _____ Date Of Birth: _____

Contact Information:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone (Primary): _____ Phone (Secondary): _____

Occupation: _____ Time Employed: _____

How did you hear about our animal sanctuary?

Residence Information:

Type of Residence:

☐ House ☐ Apartment ☐ Condo ☐ Other (please specify):

Do you own or rent your residence?

☐ Own ☐ Rent

If you rent, please provide landlord contact information:

Name:_____ **Phone:**_____

Email:_____

Is your residence pet-friendly?

☐ Yes ☐ No ☐ Unsure

Have you checked your local zoning laws or HOA regulations regarding pet ownership?

☐ Yes ☐ No ☐ Not applicable

Family Information:

Number of Adults in the Household: _____

Number of Children in the Household: _____

Ages: _____

Are all household members in agreement with adopting a sanctuary animal?

☐ Yes ☐ No

If no, please explain any concerns or objections:

Is anyone in the household allergic to animals?

☐ Yes ☐ No ☐ Unsure

Current Pets:

Do you currently have any pets?

☐ Yes ☐ No

If yes, please provide information on each pet:

Species: _____

Breed: _____

Age: _____

Spayed/Neutered: _____

Up-to-date on Vaccinations: _____

Current on Heartworm/Flea prevention: _____

How long have you had the pet: _____

If you have had pets in the past, please explain the circumstances of their departure:

Lifestyle and Activity:

Describe your daily routine, including how much time you can dedicate to your pet:

What are your plans for pet care if you are not able to provide 24/7 care?

What activities do you plan to engage in with your adopted sanctuary animal (e.g., walks, playtime, training)?

How will you handle behavioral issues or challenges that may arise with your adopted animal?

Do you have experience in training pets? If yes, please provide details:

Adoption Preferences:

List Paws that your interested in:

Age Range Preferred:

☐ Puppy ☐ Adult ☐ Senior

Size Preference:

☐ Small ☐ Medium ☐ Large

Temperament Preferences:

☐ Energetic and Playful ☐ Calm and Relaxed

☐ Protective ☐ Independent

Are you open to adopting an animal with special needs or medical conditions?

☐ Yes ☐ No ☐ Maybe

Animal Care:

How do you plan to meet the physical and emotional needs of your adopted sanctuary animal?

Are you comfortable providing necessary medical care, including administering medications, if required?

☐ Yes ☐ No ☐ Unsure

What is your plan for the care of your adopted animal if you need to travel or face an emergency situation?

Financial Commitment:

Can you financially commit to providing food, veterinary care, and other necessities for your adopted sanctuary animal?

☐ Yes ☐ No ☐ Unsure

If yes, what is your annual income: _____

Have you considered the potential costs associated with pet ownership, including emergencies or unexpected expenses?

☐ Yes ☐ No ☐ Unsure

References:

Veterinarian Reference:

Name of Veterinary Clinic: _____

Veterinarian's Name: _____ Phone: _____

Email: _____

Personal Reference (non-family member):

Name: _____ Relationship: _____

Phone: _____ Email: _____

Declaration:

I declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may result in the denial of my adoption application.

Print Name: _____

Signature: _____ Date: _____

Submission Instructions:

Please submit this completed application via email to [give@pawsrus.life] with proof of residence, and State ID. If you are renting please provide lease/rental agreement pet policy.

Thank you for your thoughtful responses. Your commitment to providing a loving and suitable home for our animals is appreciated