



Name/ID of animal:
Alternate animal Name/ID:

## Adoption Application

Welcome to Paws and Claws Koochiching County. We appreciate your interest in adopting, and we are dedicated to helping you find a pet that is right for your family and lifestyle. Please take a moment to completely fill out this application so that we may make the best placement decision based on the animal's overall needs. This information will help PAC achieve its goal of finding permanent, responsible, and loving homes for the animals in our care. Please understand that submitting the application does not guarantee the availability of any animal, nor does it assure that you will be approved.

Today's Date:			
Name:		DOB:	
Address:	City:	State:	Zip:
How long have you lived at this address?		Own	Rent
Home Phone:		Cell Phone:	
Email Address:			
If you rent, do you have written permission from your landlord to have pets? YES    NO			
Landlord's Phone Number:			

Does any member of your family have allergies to animals? If so, what types of animals?		
YOUR HOUSEHOLD (Please check all that apply):		
Adults only	Family with older children (10 yrs +)	Seniors (60+)
Live alone	Family with younger children (younger than 10)	
The activity level of your home is:    Quiet                      Active                      Hectic		
Are you planning to move within 1 year or less?    YES            NO		
If yes, what will you do with the pet?		

CURRENT PET HISTORY				
First time pet owner: YES    NO		Had pets growing up: YES    NO		Have pets now: YES    NO
If you currently have pets, please list them and how long you have had them:				
Breed/Name	Age	Spayed/Neutered	Inside / Outside	Time owned

PAST PET HISTORY				
Breed/Name	Age	Spayed/Neutered	Inside / Outside	Time owned

Name/Clinic of your Veterinarian:	
Address/Phone#:	
You are interested in adopting a (check all that apply):	
Dog	Puppy Cat Kitten Other:
Reason for adopting (check all that apply): Guard/Security Mouser	
Family Companion Hunting Gift Companion for other animal	
Other:	
Where will your new pet be kept (check all that apply):	
House Garage Crate/Cage Patio Fenced Yard Fenced Run	
Farm Indoor/Outdoor Chained	
How many hours a day will your pet be alone?	
Weekdays (avg):	Weekends (avg):
Have you ever adopted from PAC before? YES NO	
If yes, when/what did you adopt?	
What happened to the pet you adopted from PAC?	

I understand that Paws and Claws Koochiching County has the right to question and refuse any application, and I will not hold liable PAC or any establishment mentioned for any reason. I give permission to make inquiries about any and all information provided; this includes all current and previous veterinary records and information. I agree to relinquish the animal to PAC if I fail to comply with the requirements of the adoption to the satisfaction of the members, volunteers, or agents.

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

\_\_\_\_\_  
Date Submitted