



PO Box 1876 • 517 SE 3rd Street • Pendleton, Oregon 97801 • 541-276-0181

Application for Pet Adoption

Animal Name: _____ Animal ID# _____

Name _____ Phone _____ Cell _____

Physical Address _____ Mailing Address _____

City _____ State _____ Zip _____

E-Mail _____ DL# _____ State _____

Emergency Contact & Phone _____

Please provide one professional and one personal reference. Example: Employer and Neighbor or Friend.

Name _____ Association _____ Phone Number _____

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Type of Residence (home/apartment/farm) _____ Do you : Own _____ Rent _____

Landlord Approval is required. Landlord's Name _____ Landlord's Phone # _____

Does your job require you to travel frequently? _____

If so, do you plan on taking your pet with you? ___ Will you be utilizing a pet boarder or sitter? _____

Have you adopted from PAWS before? ___ Who did you adopt? _____ Dog or cat? _____

Are you currently on our Food Handout Program? ___ Have you ever been on this program? _____

How Will Pet Be Confined: ___ Fenced ___ Dog Run ___ Trolley ___ Stake ___ Other _____

Where Will Pet Be Kept During Day? _____ Overnight? _____

How many Animals Currently in Household ___ Dogs ___ Cats ___ Other: _____

Are your current animals spayed and/or neutered? ___ Do you intend to breed any of your animals in the future? _____

Have you ever had Parvo, Distemper or Feline Leukemia in your household? ___ When? _____

Children and Ages in Household: _____

What are you seeking in a pet? _____

Do you currently have a veterinarian? Please list here: _____

Are there any behaviors or traits you cannot tolerate in a pet? _____



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~PAWS reserves the right to refuse any adoption~
Adoption Agreement

I understand that many of these animals are rescue animals and their medical history is unknown. These animals are **NOT** tested for disease. The animal's breed is not definite, and not guaranteed in any way. _____ (initial)

Furthermore, I agree that if this animal is not what I'm looking for, or I can no longer have an animal where I reside, I will contact PAWS immediately at 541-276-0181 for re-adoption. Unfortunately, no refunds will be provided outside of the 7 day trial period since fees are used for spay/neuter costs. _____ (initial)

If the animal is not yet spayed or neutered, I agree to make arrangements with PAWS to have this procedure done prior to the age of 5 months and/or within one month of adoption. I realize that if this animal is not altered as directed, I may be forced to relinquish ownership and return the animal to PAWS. I agree to a pre- or post-adoption home inspection by a PAWS representative, if requested.

This application is Confidential. I agree to authorize the release/disclosure of records and/or information concerning the above provided information. Release of Liability: I fully understand that adoption of this/these animals carries a risk of injury—including being bit or scratched. My signature below attests to my intent to hold harmless and release from all liability PAWS, its agents and assignees from all acts which are related to normal risk associated with the adoption of an animal including any illness this animal may incur or currently have.

Print Name: _____

Signature: _____ **Date:** _____

To be completed by PAWS staff:

Five Month S/N Date	Already Sterilized	Appointment Date
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Pick Up Date _____ **Animal Name** _____ **Animal ID** _____

Age _____ Adoption Fee \$ _____

Adopter is paying to **HOLD**. Paid by cash, check, credit \$ _____ VISA / MC / DISC (LAST 4) _____

Received by _____

Adopter is paying **IN FULL**. Paid by cash, check, credit \$ _____ VISA / MC / DISC (LAST 4) _____

Received by _____