



www.pawapiedmont.org
pawapiedmont@gmail.com

DOG ADOPTION APPLICATION

Date: _____

Name: _____

Cell phone: _____ Landline: _____ Email: _____

Best time and method to contact: _____

Address: _____ City: _____ State: _____

Zip: _____ House/Apt _____ Own/Rent _____

How long at this address? _____

If renting, landlord or rental agency's name and phone: _____

Do you have a fenced-in yard? _____ What kind? _____

Are you: Employed (full or part time): _____ Retired: _____ Student: _____ Other: _____

Name of Employer: _____

What dog are you interested in adopting? _____

How did you first learn about this dog? (Facebook, PAWA Website, Instagram, Word of Mouth, etc.) _____

What attracts you to this dog? _____

Please describe your household: ____ Athletic ____ Active ____ Noisy ____ Average ____ Quiet ____ Sedentary

For whom are you adopting this dog? _____ Does everyone in home want a new dog? _____

How many adults in your home? _____ How many children? _____ Ages of children? _____

Who will be responsible for this dog? _____

Where will this dog be kept during the day? _____

If crated, for how long at one time? _____

How much time will this dog spend alone in 24 hours? _____ *Our dogs must be inside at night.*

How much exercise do you think this dog will need, and how will you provide that exercise? _____



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What other pets have you had (or currently have – please asterick* living pets) in the last three years? If you need more room, please continue on separate sheet.

Pet 1	Pet 2	Pet 3	Pet 4
Name: _____			
Type/Breed: _____ Sex: _____ Age: _____			
Spayed/Neutered: _____ Vaccinations Current: _____			
Heartworm Preventative: _____			
Who is your regular veterinarian? Please provide name, address & phone number. _____			

Personal Reference (non-relative): Name, address, phone number & email: _____

Have you ever given up a pet after adoption? _____ If so, what were the circumstances? _____

Have you ever taken an animal to the Animal Shelter or had a pet picked up by Animal Control? _____
If yes, what were the circumstances? _____

How much time and in what way will you give this dog to adjust to new surroundings? _____

Who will care for this dog if you are away? _____

What situation would cause you to give this dog up?

- ☐ Financial hardship ☐ Behavioral issues ☐ Moving ☐ Deployment ☐ Allergies ☐ Kids
☐ Animal medical issues ☐ Personal medical issues ☐ Other (Specify)

I understand that the adoption fee of a PAWA/NLOL trained dog is \$250. _____ please initial

I certify that all the information on this application is true and give permission for PAWA to do reasonable research to verify my statements. I understand that PAWA will conduct a home visit prior to approving adoption.

Applicant's Name

Applicant's Signature