



Paws & Claws Humane Society

3224 19th Street NW Rochester, MN 55901

Phone: 507.288.7226 Web: pawsandclaws.org

Application for Adoption

Animal Name _____

Applicant Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Alternate Phone _____

E-Mail _____

Place of
Employment _____ Occupation _____

To Be Considered for Adoption you need to:

*Be at least 18 years old

*Have a valid government issued ID

*Have knowledge and consent of all adults living in your household

*Understand that Paws and Claws reserves the right to refuse the adoption of any animal

Have you ever adopted a pet from this Humane Society? YES NO

If yes, which animal & when? _____

Have you ever adopted a pet from another Humane Society? YES NO

If yes, which one, which animal and when? _____

Have you ever surrendered an animal to a Humane Society YES NO

If yes, why? _____

Have you ever given an animal to another person? YES NO

If yes, why? _____

What pets do you currently have in your household or have you had within the last 5 years?

Name	Cat/Dog/Other	Breed	Male/Female?	Spayed/Neutered?	Age	Do you still have this animal?

Are your other pets current on their vaccinations? YES NO N/A

Who is your current veterinarian clinic? _____

Can you afford the veterinary care, grooming, emergency expenses, supplies, and food for the lifetime of this animal? (These expenses can add up to hundreds of dollars each year.) YES NO

What best describes your home? (Please Circle)

Farm Rural House House in Town Townhome Apartment Mobile Home Condo
Other: _____

Do you rent or own your home? Rent Own

Landlord's name and contact information: _____

Please list the names and ages of everyone who will be living in the household with the animal:

Does anyone in the household have pet allergies? YES NO

If yes, how will you handle this? _____

Why are you interested in this particular animal?

What knowledge or experience do you have with this type/breed? (Dog)

What are your plans for training this animal?(Dog)

Describe your plans for exercise for this animal?(Dog)

Describe your plans for where this animal will be kept. (indoor areas, yard, kennel arrangements, etc)

How many hours each day will you leave this pet alone in your home? (Circle which applies)

0-4hours 4-8hours 8-12hours 12 or more hours

Do you plan to declaw this animal? (Circle which applies) (Cat)

YES NO FRONT ONLY BACK ONLY

- ✓ I give permission for PCHS to contact my veterinarian for healthcare information.
- ✓ I have read and understand the policies set forth on the PCHS General Information & Policies sheet (if you did not receive this sheet, please ask for one now.)
- ✓ I certify that information I have given is accurate and true. I understand that any misrepresentation of the above information may authorize PCHS to deny this application, refuse adoption and /or reclaim the adopted pet.

PCHS Staff Use

Initial _____ Date _____

Comments: