



[Furbabies@hispawsandtails.com](mailto:Furbabies@hispawsandtails.com)  
408-849-1080

Name of Animal Interested In Adopting: \_\_\_\_\_

# Adoption Application

\*\*Completion of this application does *not* guarantee adoption of a HIS Paws & Tails animal

## About You...

Name of Applicant: \_\_\_\_\_ Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Spouse/Significant Other: \_\_\_\_\_ Occupation: \_\_\_\_\_

Names & Ages of Children, if any: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Type:  House  Apartment  Condominium  Townhouse/Duplex  Other

Do you:  Own or  Rent If you rent, does your landlord permit pets?  Yes  No

Landlord's Name & Phone Number: \_\_\_\_\_

## Your Home...

How much of the time will the pet be outdoors: \_\_\_\_\_

How much of the time will the pet be indoors: \_\_\_\_\_

How much time will the pet be left alone: \_\_\_\_\_ Where will they be left alone? \_\_\_\_\_

What area(s) of the house will the pet be allowed into? \_\_\_\_\_

Where will the pet sleep at night? \_\_\_\_\_

Do you have a fenced yard?  Yes  No If yes, how high is the fence? \_\_\_\_\_

What type of fence? \_\_\_\_\_ Are the gates normally locked?  Yes  No

Do you have a pool?  Yes  No If so, is it fenced separately from the yard?  Yes  No

### About Your Pets...

Why do you want a pet? (Check all that apply)

- House Pet  Companion for family  Companion for Other Pet  Companion for Children  Protection for Home/Family  Protection for Business  Watchdog  As A Gift  Other

Specify: \_\_\_\_\_

Other Pets (Specify # of each)  Dogs \_\_\_\_\_  Cats \_\_\_\_\_  Other \_\_\_\_\_

If you have any dogs or cats, are they spayed/neutered?  Yes  No

What pets have you had in the past? \_\_\_\_\_

What happened to the ones you no longer have? \_\_\_\_\_

What would happen to the pet if you moved, Locally? \_\_\_\_\_ Out of State? \_\_\_\_\_

### Vet Services...

Do you have a regular veterinarian?  Yes  No If so, vet's name: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Please initial if you are willing to allow us to contact your Veterinarian for a reference.

What are your plans for a medical emergency? Not all of us are financially able to handle the immense vet bills that can occur.

\_\_\_\_\_

### Allergies...

Does anyone in your home have pet allergies?  Yes  No If so, what kind? \_\_\_\_\_

### Training Your Pets...

How would you train your pet? (Check all that apply)

- Obedience School     Hit with Newspaper     Clicker/Hand Signals     Firm Verbal  
 Commands     Other (Specify):\_\_\_\_\_

**Pet Hair...**

Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at times?     Yes     No

**Pet Care and Commitment...**

Remember, pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter and exercise for your new pet?     Yes     No

Are you able to make a long term commitment to care for your pet it's entire life span, which could be as much as 10-20 years?     Yes     No

Under what circumstances would you not be able to keep the pet:\_\_\_\_\_

**Adoption Requirements...**

20 year commitment to the animal, you must be a U.S. Citizen or Permanent Resident. You must allow a home visit (A HIS Paws & Tails Rescue & Transport representative will visit your home prior to adoption)

Do you understand and agree to the adoption requirements?     Yes     No

By signing this application, you agree that all information provided is true and accurate.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_