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CRESTON PET ADOPTION & WELFARE SOCIETY

2805 Lower Wynndel Rd.,
Creston, B. C. V0B 1G8
Phone: 250-428-7297

Email: paws@kootenay.com Website: www.paws-crestonbc.org

PET ADOPTION APPLICATION

*****Completing this application is the FIRST step in the adoption process and does not necessarily guarantee pet adoption.*****

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PART A - DESCRIPTION OF PET

Which pet are you interested in adopting? _____ Dog___ Cat___ Other_____

Paws Tag No. _____ Microchip No. _____

If you are not applying for a specific pet, please indicate what type and characteristics you are most interested in (eg. Age, gender, personality, size, breed. . .)

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PART B - APPLICANT INFORMATION

Date: _____

Full Name (please print): _____

Residential Address (and zip code): _____

Mailing Address (and zip code): _____

Phone - Home: _____ Work: _____

Email address: _____

Age group: Under 18 _____ 18-30 _____ 30-60 _____ 60 + _____

Name of Veterinarian: _____

Address: _____

Phone: _____

What type of building do you live in (ie. house, apartment, etc.)? _____

Do you Rent _____ Own _____

If you rent does your landlord know that you plan to adopt a pet? Yes _____ No _____

Landlord contact information: _____

Where will the pet be housed?

Indoors ____ Outdoors ____ Other (please explain): _____

Do you have an area that is fenced securely enough to comfortably contain a pet? Yes ____ No ____

Approximate size: _____ Type of fencing: _____

If you do not have a fenced area how do you plan to exercise the pet, and/or keep it safe out-of-doors? _____

How many members live in your household? _____

Does everyone in your household agree with adopting a pet? Yes ____ No ____

Is any household member allergic to animals? Yes ____ No ____

Is any household member afraid of animals? Yes ____ No ____

Does any household member smoke? Yes ____ No ____

Do you have children? _____ Number ____ Ages _____

How much contact with the children will the pet have?

Frequent ____ Occasionally ____ Seldom ____

How would you describe your child(ren's) behavior around animals?

Have you owned pets before? Yes ____ No ____

What happened to those pets? _____

Describe any other pets you may have now: _____

Are they spayed/neutered? Yes ____ No ____

Do you support spaying and neutering? Yes ____ No ____

Why do you want to adopt "this" pet? (activities, expectations, etc.) _____

Are you adopting this pet for yourself? Yes ____ No ____

If no please explain who the main caregiver will be: _____

Please name two (2) **non-related** personal references who **do not share** your premises that we may contact:

Name: _____ Relationship: _____

Phone/Email: _____

Name: _____ Relationship: _____

Phone/Email: _____

Are your neighbors aware that you are intending to adopt a pet? _____

Do any of them have a problem with this? _____

Have there been any problems in the past with neighbors and pets in the area? _____

If yes please explain reason, outcome, etc. _____

RELEASE OF LIABILITY AND INDEMNIFICATION

I/WE, (Name, address and telephone number): _____

HEREBY AGREE TO THE FOLLOWING:

1. To care for this pet humanely (including providing adequate food, water, shelter, love and attention). This pet **shall not** be left outside to roam at will.
(Initial) _____
2. This pet will not be isolated. It shall not be tied, chained, confined to a pen, room, basement or other enclosure as a means of long-term containment.
(Initial) _____
3. Except in circumstances approved by the PAWS Adoption Committee this pet shall be contained in a safe and securely fenced area when outdoors unsupervised.
(Initial) _____
4. This pet shall be loved, respected, and included in its family circle.
(Initial) _____
5. To give reasonable protection of this pet from the uneducated behaviour of children and adults, and conversely, of children and adults from this pet. I understand and acknowledge that this pet has been evaluated for dog/cat aggression and I will be sensitive and diligent regarding the safety of other animals and people, and that I will assume all risks associated with this assessment.
(Initial) _____
6. It is understood that the Creston Pet Adoption and Welfare Society cannot be held responsible for any health or temperament problems that may develop following the finalization of the adoption of this pet.
(Initial) _____
7. To vaccinate with necessary inoculations as local ordinances require. (Initial) _____
8. To provide necessary and essential veterinary care, as required.
(Initial) _____
9. To notify the Creston Pet Adoption and Welfare Society if this pet becomes lost or stolen.
(Initial) _____
10. To have this pet spayed/neutered within 4 months of adoption if not already done (i.e. pet was too young to spay/neuter when adopted).
(Initial) _____
11. Not to sell, trade or dispose of this pet. If, at any time, I/We are unable or unwilling to care for this pet, I/We agree to contact Creston Pet Adoption and Welfare Society to make arrangements to return the pet. (See Item #12)
(Initial) _____
12. I/we recognize that as a PAWS rescue, this pet will always be considered a PAWS pet. As such this pet shall not be transferred to any other person without approval of the Creston Pet Adoption and Welfare Society. If you must give up your pet for any reason and have found a possible new home, we will likely approve the new family you have chosen, but we must screen them just as we screened you, and the new family must fill out our Adoption Application.
(Initial) _____

13. This pet shall not be euthanized without first contacting Creston Pet Adoption and Welfare Society, except under extraordinary circumstances.
(Initial) _____
14. This pet shall not be euthanized for reasons of behaviour.
(Initial) _____
15. The adoption fee will not be refunded after 14 days from the adoption date. I/We also agree that the Creston Pet Adoption and Welfare Society will retain 25% of the adoption fee, should the pet be returned within the 14-day period.
(Initial) _____
16. That this pet shall not be used for medical or any other experimental purposes or sold or given to a pet store, supplier or wholesaler.
(Initial) _____
17. That we will notify the Creston Pet Adoption and Welfare Society within 10 days of any change of address or phone number so that the Pet ID Database may be updated.
(Initial) _____
18. A Home Visit, conducted by a PAWS Member or Authorized Representative, shall be a part of the adoption process. The Adoption will not be finalized until the Home Visit, or a reasonable alternative, is completed and approved by the Adoption Committee.
(Initial) _____
19. It is further understood that the Creston Pet Adoption and Welfare Society may visit, examine and/or make inquiries about this pet to ensure its wellbeing. If not satisfied with the condition of the pet or the conditions in which it is kept, this pet can or may be removed immediately. Any veterinary services required due to negligence or lack of care will be the responsibility of the adopter and payable to the Creston Pet Adoption and Welfare Society.
(Initial) _____
20. FOR CAT/KITTEN ADOPTERS: I/we acknowledge and understand PAWS recommendation that this cat be kept as an indoor-only pet.
(Initial) _____
21. I/we agree that this CAT/KITTEN will not be declawed at any time or for any reason other than as a medical necessity for the health and wellbeing of the cat/kitten.
(Initial) _____

I/We promise and agree to be solely responsible for this animal, and to indemnify and hold harmless the Creston Pet Adoption and Welfare Society from any and all claims of liability for the conduct of this animal on or after the date of this adoption.

This Release of Liability and Indemnification shall apply to all known, unknown and anticipated damages or events resulting from my/our adoption, ownership and control of the adopted pet.

I/WE HEREBY ACKNOWLEDGE that I/We have read and understand the above terms and conditions and will keep the pet described herein as a family member, with all the rights and privileges attached.

APPLICANT SIGNATURE(S):

Creston Pet Adoption and Welfare Society:
Per: _____
Per: _____

Home Check date: _____

Conducted by: _____

Reference Checks date: _____

Conducted by: _____