

SENIOR PAWS & FURRY FRIENDS, INC.

P.O. Box 544  
Acworth, GA 30101

Dog/Cat Application

Pet Name \_\_\_\_\_  
Date \_\_\_\_\_  
Adoption fee \_\_\_\_\_

Name \_\_\_\_\_  
Co-applicant \_\_\_\_\_ Phone \_\_\_\_\_

Do you Own? \_\_\_\_\_ Rent? \_\_\_\_\_ Does your landlord allow pets? \_\_\_\_\_  
Name of complex \_\_\_\_\_ Phone \_\_\_\_\_  
Amt. of pet deposit \_\_\_\_\_ Limit # of pets allowed? \_\_\_\_\_

Are you willing to allow a representative from the Senior Paws to visit your home by appointment? \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Your Email address \_\_\_\_\_

Reason for adopting this pet? \_\_\_\_\_  
Family members in the household \_\_\_\_\_  
Any allergies or life threatening illness of any family members in the household? \_\_\_\_\_  
If yes, explain \_\_\_\_\_  
Ages and # of children at home \_\_\_\_\_  
How many pets do you currently have? \_\_\_\_\_  
Vets name \_\_\_\_\_ Phone \_\_\_\_\_

References:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

What is your best guess at annual vet bills you are willing to pay? \_\_\_\_\_  
Have all you currents pets been vaccinated? \_\_\_\_\_ Spayed or Neutered? \_\_\_\_\_  
Do you understand the importance of heart worm and flea preventive? \_\_\_\_\_

Maximum hours the dog/cat will be alone? \_\_\_\_\_  
Percentage of the time inside? \_\_\_\_\_ outside \_\_\_\_\_  
Do you have a pet door? \_\_\_\_\_

What circumstances in your mind will justify giving up a dog/cat? \_\_\_\_\_

Cats only- Will you declaw the cat? \_\_\_\_\_

When traveling, who will take care of the dog/cat? \_\_\_\_\_

How will you deal with behavior problems with your dog/cat? \_\_\_\_\_

If for any reason you feel you need to return the dog/cat, you agree to return them to our organization.

By signing below, I am attesting to the truthfulness of my answers. Falsification of any of the above information will be grounds disallowing the adoption of the rescue dog or cat and possible removal of said dog or cat from my home. I consent to Senior Paws representatives discussing information on this application with any persons named on this application. Application must be 21 years of age or older.

Senior Paws reserves the right to refuse any applicant for any reason. All completed applications become the property of Senior Paws and Furry Friends, Inc.

Signature of Adopter

\_\_\_\_\_ Date \_\_\_\_\_

For Senior Paws Use Only

D.L. # \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_

Vet Check \_\_\_\_\_ Home visit \_\_\_\_\_