

Clarion PAWS, Pet Adoption and Welfare Society
22592 Route 68
Clarion PA 16214



PRE ADOPTION APPLICATION AND INTERVIEW

Name, ID# of Animal or Posting ID# for Animal: _____

Species: Canine__ Feline__ Breed _____ Gender: Male__ Female __

APPLICANT INFORMATION

Your Name: _____

(Last name, First name)

E-mail: _____ Street Address: _____

City, State, Zip: _____

Phone: _____

Why are you interested in adopting this particular animal?

Adopting an animal should not be entered into lightly. The following questions are asked to ensure a mutually beneficial match between the animal that you are interested in and your family's lifestyle.

LIFESTYLE INFORMATION

How many adults in home? _____

If applicable, ages of children in home? _____

Does anyone in your home have allergies to animals? Yes __ No__

Have you ever had experience with an animal this age? _____

What times will the animal be alone? _____

Will you provide obedience training? (Dog only) Yes __ No__

Where will animal be kept? Outdoors__ Indoors__

How many and what type of pets do you currently own?

Have you had Guardianship of any pets during the past three years? Yes ___ No___ Do you still have these pets? Yes ___ No___ If not, explain what happened to them

ADOPTION INTERVIEW

Note: Pet Adoption and Welfare Society, Clarion PAWS, operates as an all volunteer, non-profit and is a formal 501(c) organization. All animal care medical expenses are documented and copies of vet records are made available to adoptive animal parents.

All pets under your care must have a current Rabies Vaccination given by a veterinarian & a current Tag. (Unless your veterinarian has given you a written waiver for your records)

Date of most recent Rabies Vaccination & Date of Tag Renewal for each pet in home:

Pet #1 _____ Rabies Vaccination _____ Tag _____ Date _____

Pet #2 _____ Rabies Vaccination _____ Tag _____ Date _____

Pet #3 _____ Rabies Vaccination _____ Tag _____ Date _____

Veterinarian's Name _____

Telephone _____

Are all of your animals spayed/neutered? Yes ___ No___ If no, why not?

What type of heartworm preventative do you use (dog or cat applicable)?

RESIDENCE INFORMATION

What type of home do you live in? Apartment/Rent ___ Townhouse/Rent ___ Condo/Rent ___

Rent Single Family Home ___ Own Single Family Home ___ Own Townhouse ___ Own

Condo___

If you rent, does your landlord allow pets? Yes ___ No___ Have you confirmed if there are any breed/species restrictions? Yes___ No___

Do you have authorization from your landlord to have a pet? Yes ___ No___

If applicable, name of landlord and phone number?

IF RENTAL, IS PET DEPOSIT PAID? Yes ___ No___ Date of payment: _____

Fenced yard or patio? Yes ___ No___ If so, how high is the fence? 4-5ft ___ 5-6ft___ 6ft or higher___. If you do not have a fenced in yard or fenced in cat enclosure, how will you safely allow your pet time to go outside for exercise and/or going to the bathroom?

If you become ill or need to travel who will care for animal?

Personal References (no more than 3) List name & phone number.

Comments or any other information that you would like to share:

STATEMENT OF UNDERSTANDING

- Affirm that you have read the posting regarding this animal.
- Agree to maintain on monthly heartworm preventatives upon recommendation of your veterinarian.
- Agree to maintain on monthly flea/tick preventatives.
- You are financially able to care for animal.
- You agree to provide adequate shelter/medical care.

- You agree to provide adequate food/hygiene/companionship.
- You affirm that everything you have stated is true.
- I understand that submitting an application does not guarantee that I will be approved for adoption. Clarion PAWS and/or their authorized representative(s) reserve the right and authority for the final approval and disposition on the placement of animals under their care. I certify that the information provided on this form is true and correct. I am also financially and physically able to care for the animal that I wish to adopt. I understand that proper food and veterinarian care can be costly and I am able to meet these requirements. I understand that any adoption fee paid is nonrefundable. By signing below, I acknowledge that I have completely read this questionnaire, comprehend it fully, and know that applying does not ensure approval.
- I understand that by signing this form I authorized my veterinarian's office to verify that my other pets are current on vaccinations and clients of the veterinary practice.

PRINTED NAME _____

SIGNATURE _____ Date _____

*****OFFICE USE ONLY*****

ID Verified	Housing Verified	Landlord Approval:	Vet Check	Reviewed by
Date	Date	Date	Date	Date

:

*****FINAL APPROVAL *****

YES / PENDING / DENIED Date: _____

Animal Description: _____

Sex: M/F Age: _____

Comments: _____
