



Please return completed applications to:

Paws Across Oswego County

2035 County Route 1
Oswego, New York 13126

315-343-0001

Or fax completed application to:

315-342-0001

For office use only:

Approved: _____

Denied: _____

Reviewed By: _____

Thank you so much for your interest in adopting a rescued animal! **Please complete all fields of the application and return it to us.** Applications cannot be considered unless every field is completed and the application is signed on page 4. We will review your application in a timely fashion and contact you for more information if we feel you would be a good forever home for the animal you are interested in. Please keep in mind that each animal will be placed in a home that best suits his/her individual personalities and needs. If we feel that a different pet may be better suited for your lifestyle than one you have expressed interest in, we may also suggest that pet instead of your original choice.

Please remember that most of these pets have had at least one other home, and some have had several, and there will be an adjustment period when your new pet comes into your home. In some cases our dogs have lived their entire lives outdoors, and so living in a house is still new for them. No matter what your new pet's history, please be patient, and understand that your new companion will need time to adjust and settle in to his/her new surroundings. We do not consider applications from individuals who want an outdoor animal. All of these pets **MUST** be considered a part of the family and live indoors **with** the family. A home visit may be required for the adoption.

Your Full Name: _____

Your Address: _____

Your Phone Number (please include area code):

Home: _____ Cell: _____

Work: _____ Other (please specify): _____

Your Email Address: _____

What sex pet are you looking for? Male _____ Female _____ Either _____

How long have you been looking for a new pet? _____

What animal (if any specific one) **are you interested in?** _____

Do you currently own any pets? Yes _____ No _____ If **yes**, please list name(s), age(s), and type(s) of pet:

Are all of your pets spayed or neutered? Yes _____ No _____ If no, why not?

What is the name and address of your veterinarian (He/She will be contacted for a reference)?

Your veterinarian's phone number: _____

I hereby give permission to call my vet for a reference: Yes _____ No _____ Please Initial: _____

*****Important: You will need to contact your veterinarian to give them permission to speak with Paws Across Oswego County about your animal's health records. Due to privacy laws, many offices will not speak with us until they have verbal permission from the owner. *****

Do you have a fenced yard? Yes _____ No _____ If yes, what type of fencing and how tall is it?

Are there any gaps, holes, or missing sections that a pet could escape through?

Yes _____ No _____ If yes, please explain: _____

If you do not have a fenced yard, how will exercise and bathroom trips be handled?

Do you own or rent? Own _____ Rent _____

If you rent, does your landlord welcome pets? Yes _____ No _____ Don't know _____

Landlord's Name and Phone Number: _____

Are you aware of any size limits or breed restrictions on pets in your community or housing complex? Yes _____ No _____ If yes, what are the restrictions?

Are you planning to move any time soon? Yes _____ No _____ Maybe _____

How long have you lived at your current residence? _____ Years _____ Months

Do you agree to a home visit? Yes _____ No _____ If no, why not?

Describe all previous animals you have owned, how long they lived, and ultimately, what happened to them: _____

Were all of your former pets spayed or neutered? Yes _____ No _____ If **no**, why not?

Who will be responsible for the animal you want to adopt?

Where will your pet spend the day (Check all that may apply)

- Loose indoors
- Confined to a specific part of the living space (please describe) _____
- Tied indoors (please describe) _____
- In a crate
- In the basement
- In the garage
- In a fenced yard
- In a kennel run
- Tied outdoors
- Other (please describe) _____

Where will your pet sleep at night? (Check all that may apply)

- Loose indoors
- Confined to a specific part of the living space (please describe) _____
- Tied indoors (please describe) _____
- In a crate
- In the basement
- In the garage
- In a fenced yard
- In a kennel run
- Tied outdoors
- Other (please describe) _____

On MOST days (ex: during the work week) how many hours will your pet be left alone?

_____ hours

Will your pet be allowed on the furniture? Yes _____ No _____ If **no**, how would you react if your pet got on the furniture without permission? _____

Who will be responsible for the pet when you go away (vacation, emergencies, etc)?

Does everyone in the family want this pet? Yes _____ No _____

Please list names and relationships of all other adults that stay in the home:

Name: _____ Relationship to Applicant: _____

Do you live with children? Yes _____ No _____ If yes please list number of children and ages of children:

If **no**, are there children in your life that your pet will be exposed to on a routine basis (ex grandchildren, friends' children, etc)?

Yes _____ No _____ If yes, please list number of children and ages of children:

If you answered Yes to either of the above questions, what would you do if your pet ended up not being good with children? How would you handle it?

How much money are you willing to spend on a pet if it becomes sick or injured?

How long are you planning to keep this pet?

Are you willing to take an animal with minor health or behavioral problems?

Yes _____ No _____ If no, explain: _____

Generally speaking, what kind of temperament are you looking for in a pet?

How will you discipline your pet if he/she misbehaves?

Are you willing to contact PAOC if problem issues arise with your new pet so that we may offer ideas/advice on how to deal with these issues? Yes _____ No _____ Not Sure _____

Are you willing to enroll in obedience class within 4 weeks (1 month) of adopting a PAOC dog?
Yes _____ No _____

Under what circumstances would you return this pet? (family member illness, moving, vet bills, new baby, etc)

Do you agree that if you can no longer care for this pet for *any reason*, that you will return it to Paws Across Oswego County? Yes _____ No _____

Is anyone in your home allergic to animals or suffer from allergies?

Are you aware of the adoption donation of \$ _____ for this animal? Yes _____ No _____

Do you agree to pay this donation? Yes _____ No _____

***** Important: P.A.O.C. cannot accept Credit or Debit cards for our adoptions.**

All adoption donations must be paid by cash or check. ***

Dogs Only: Do you agree to obtain a New York State License for your dog within 10 days of adoption? Yes _____ No _____

Do you agree to provide total health care for this new member of your family? (This includes but is not limited to annual vet care, recommended vaccinations and tests, monthly parasite preventative, medical care if the animal is ill or injured, and good quality food and water) Yes _____ No _____

Do you understand that basic care of a pet can cost \$1000 a year? Yes _____ No _____

Are you financially capable of properly caring for an animal? Yes _____ No _____

Do you have any questions? (Please write any comments/questions/concerns or any additional information you feel we should be aware of below)

IMPORTANT NOTICE: Paws Across Oswego County makes no guarantees regarding the health or temperament of this pet. I, as the animal's legal guardian, assume responsibility for the treatment of all existing or future conditions, whether they are physical or temperament problems that occur. I understand that while P.A.O.C. makes every effort to place only healthy animals, that they cannot guarantee the health of any animal. I agree not to hold P.A.O.C. responsible for any medical expenses that may be incurred for existing or future treatment unless previously agreed upon by the P.A.O.C. Board. I also understand that there is no guarantee regarding the future temperament of the animal or that the animal is housebroken upon adoption. I understand that this is a legally binding contract.

By signing below, I assert that I understand and have completely read the application. I agree to the terms and conditions of this contract and understand that if I do not abide by these terms, a Paws Across Oswego County representative can come and remove the dog from my care at any time.

Signature: _____ **Date:** _____

Witness: _____

For P.A.O.C. Office Use Only:

Application Received (date) _____ by (initial) _____

Vet called (date): _____ by (initial) _____

Does veterinarian approve of adoption? _____

Landlord Called (date) _____ by (initial) _____

Does landlord approve of adoption? _____

Home Visit scheduled? (if no home visit will be required, enter N/A) _____

Questions/Comments:

