

Paws Across Oswego County

www.pawsacrossoswegocounty.com

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

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. 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.

Your Full Name:	
Your Address:	
Your Phone Number (please include	e area code): Please indicate preferred number for contact.
Home:	Cell:
Other (please specify):	
Your Email Address:	
What sex pet are you looking for?	Male FemaleEither
Is there a specific dog you are inter	ested in? If so, which one?
Do you currently own any pets? Ye	es No If yes , please list name(s), age(s), and type(s) of pet:
	10 X
Are all of your pets spayed or neute	ered? Yes No If no , why not?
What is the name and location of yo	our veterinarian to contact for a reference?
	:

***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. ***

If your pet requires regular grooming, what is your groomer's name and phone number?		
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, will your pet be leashed at all times for potty breaks/exercise?		
Yes No If No, Please Explain		
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 , please explain?		
Describe all previous pets you have owned, how long they lived, and reason they are no longer with you		
(death, re-homed, lost, etc.):		
Were all of your former pets spayed or neutered? Yes No If no, please explain?		
Who will be responsible for the animal you want to adopt?		
Where will your pet be kept when you are not present? (Check all that may apply)		
Loose indoors In a crate In a finished basement In an unfinished basement		
In the garage In a fenced yard In a kennel run Tied outdoors		
Confined to a specific part of the living space (please describe)		
Tied indoors (please describe)		
Other (please describe)		

Where will your pe	et sleep at night? (Check all that may apply)		
Loose indoors	In a crate In a finished basement In an unfinished basement		
In the garage	In a fenced yard In a kennel run Tied outdoors		
Confined to a sp	pecific part of the living space (please describe)		
Tied indoors (pl	lease describe)		
Other (please de	escribe)		
How many hours p	er day will your pet be left unattended? hours		
Will your pet be all	lowed on the furniture? YesNo If no, how would you react if your pet got		
on the furniture with	nout permission?		
Who will be respon	asible for the pet when you go away (vacation, emergencies, etc)?		
Does everyone in the	ne family want this pet? Yes No		
Please list names an	nd relationships of all other adults (18 years and older) who stay in the home:		
Name:	Relationship to Applicant:		
Do you live with ch	ildren (18 years and under)? Yes No If yes please list number of children		
and ages of children			
If no , are there child	ren 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 Ye	es 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?		
Are you financially	able to handle yearly vet care, including unexpected vet fees in case of emergency?		
Yes No			

Do you intend to keep this pet for its entire life? Yes No		
If no, please explain:		
Are you willing to take an animal with disclosed 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 NoNot Sure		
Would you be willing to enroll in obedience training, if needed? Yes No		
Are there any circumstances in which you would return your adopted pet? (family member illness,		
moving, vet bills, new baby, etc) Yes No		
If Yes, please explain:		
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? Yes No		
Do you agree to an adoption fee of \$200-250 for this animal? 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		
Have you or anyone in your household been convicted of, arrested on, or investigated for anything		
related to abuse, and/or neglect, and/or, injury to any animal? Yes No If Yes, please explain:		
Do you have any questions? (Please write any comments/questions/concerns or any additional information you feel we should be aware of below)		

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.

I and my guests, agents, heirs, successors, and/or assigns, agree to hold Paws Across Oswego County and its officers, members, volunteers, employees, contractors, subcontractors, agents, heirs, successors, and/or assigns harmless from and against any and all demands, claims, losses, liabilities, damages, causes of actions, property damage, personal injury, illness, death, and/or any other claim, compensation, consequential, and punitive damage, relating to and/or arising from any occurrence or accident that may occur as a result of and/or arise out of visitation with and/or adoption of any animal from Paws Across Oswego County (referred to as "Claims") by me and my guests, agents, heirs, successors, and/or assigns. I and my guests, agents, heirs, successors, and/or assigns, agree to defend Paws Across Oswego County and its officers, members, volunteers, employees, contractors, subcontractors, agents, heirs, successors, and/or assigns harmless from any and all Claims and shall reimburse Paws Across Oswego County for all of its reasonable attorneys' fees and costs to defend against any and all Claims.

Signature:	Date:
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