

PAWS ACROSS OSWEGO COUNTY

10 Klocks Corners Road

Building 2

Oswego, NY 13126

315-207-2511

paocrescue@yahoo.com

pawsacrossoswegocounty.com

Thank you for your interest in adopting a rescued animal! Applications cannot be considered unless all fields are complete. Please keep in mind that each animal will be placed in a home that best suits his/her individual personality and needs.

Full name: _____

Address: _____

Phone number: Home _____ Cell: _____ Other: _____

Email address: _____

Which foster are you interested in? _____

Do you currently own any animals? Yes ___ No ___ Please list name(s), age(s) and type of current pet(s) _____

Are all of your pets spayed/neutered? Yes ___ No ___ If not why? _____

What is the name and phone number of your veterinarian for a reference? _____

*****IMPORTANT*** Please contact your veterinarian and give them permission to speak with Paws Across Oswego County about your pet's health history. Due to privacy laws the veterinary office needs verbal permission to release any information. Failing to call and give permission may delay the processing of your application.**

If your pet requires regular grooming please provide the name and phone number of your groomer _____

Do you have a fenced yard? Yes ___ No ___

If so are there any gaps, holes or missing pieces that a pet might be able to escape through?

Yes ___ No ___

If you do not have a fence will the pet be leashed at all times for potty breaks/exercise?

Yes ____ No ____

Do you own or rent? Own ____ Rent ____

If you rent does your landlord welcome animals? Yes ____ No ____

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 ____

How long have you lived at your current address? _____

Do you agree to a home visit? Yes ____ No ____

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

How many hours a day will your pet be home unattended? _____ hours

Do you live with children under 18 years of age? Yes ____ No ____

If so please list names and ages

If no, are there children in your life that the animal will be exposed to on a routine basis? _____

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? _____

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 ____

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

Yes ____ No ____

If no, please explain: _____

Are you willing to contact PAOC if problems arise with your new pet so that we may offer ideas/advice on how to deal with the issues? Yes ____ No ____

Would you be willing to enroll in obedience classes if needed? _____

Do you agree that if you can no longer care for the adopted animal for any reason, you will return the pet to PAOC? Yes ____ No ____

Is anyone in your home allergic to animals? Yes ____ No ____

Do you agree to provide total health care for your new family member? (This includes but is not limited to annual exam, recommended vaccinations and tests, monthly parasite and flea/tick preventative, medical treatment 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 exceed \$1000? Yes ____ No ____

Has anyone in your home been investigated, arrested, charged and/or convicted for anything related to animal neglect, abuse and/or injury to an animal? Yes ____ No ____

If so please explain _____

Do you agree to an adoption fee of \$350-\$500 for this animal? Yes ____ No ____

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: _____