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**PAWS, INC**  
*Bringing hearts together to provide animal welfare and security*  
 PO Box 153, Murfreesboro, NC 27855  
 252.642.7297  
 pawsofhertfordcounty.org

**For PAWS use only**  
 Shelter Adoption \_\_\_\_\_  
 PetSmart Adoption \_\_\_\_\_  
 Other Event Adoption \_\_\_\_\_  
 Foster to Adopt \_\_\_\_\_  
 AMT PD \$ \_\_\_\_\_  
 CHK # \_\_\_\_\_ CASH \_\_\_\_\_  
 CREDIT CARD \_\_\_\_\_  
 Processed by \_\_\_\_\_  
 DATE \_\_\_\_\_  
 COUNSELOR \_\_\_\_\_

## ADOPTION APPLICATION & CONTRACT

**Before proceeding, please note that PAWS will not adopt animals to any home without the assurance that adequate provisions have been made for the basic needs of the animals. This includes (but may not be limited to) the following:**

*Provisions for immunization and veterinarian care both routine and emergency.*

*Provisions for shelter from heat, cold, and adverse weather.*

*Provisions for adequate exercise such as daily walks, fenced yard, or dog run.*

***Chaining or roping are NOT acceptable means of confinement or exercise!***

**APPLICANT – Please complete all blanks and checkboxes except those shaded in gray.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Alternate Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Position \_\_\_\_\_  
 Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ANIMAL(S) REQUESTED to be completed by a PAWS representative**

Animal		Shelter Name	Breed	Color/Description	Sex		Spa/Ntr		Weight	Notes
Dog	Cat				M	F	Yes	No		
Dog	Cat				M	F	Yes	No		

**RESIDENCE DETAILS (this refers to the address at which the pet will be living)**

Year I moved in \_\_\_\_\_ Residence is a: house \_\_\_ apartment \_\_\_ mobile home \_\_\_  
 Residence is: a rental \_\_\_ under my ownership \_\_\_ I am living with my parents \_\_\_ other \_\_\_\_\_  
 If a rental, landlord allows pets: yes \_\_\_ no \_\_\_ Landlord knows that I am getting a pet: yes \_\_\_ no \_\_\_  
 Landlord's name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Number of adults in the home \_\_\_ Number of children living in the home \_\_\_ Ages of children \_\_\_\_\_  
 I am planning on moving in the next 6 months: yes \_\_\_ no \_\_\_

**CURRENT & PREVIOUS PETS WITHIN THE LAST FIVE YEARS**

Type of pet & breed (cat, dog, breed, etc.)	Source (shelter, friend, gift, breeder, etc.)	Age then	Age now	Sex	Spayed or neutered		Current on shots		Pet still lives with me		Pet does not live with me now (explain)
					Yes	No	Yes	No	Yes	No	
					Yes	No	Yes	No	Yes	No	
					Yes	No	Yes	No	Yes	No	
					Yes	No	Yes	No	Yes	No	
					Yes	No	Yes	No	Yes	No	

**How did you hear about us?** \_\_\_\_\_

**- PAWS ADOPTION APPLICATION & CONTRACT page 2 of 2 -**

**EXPECTATIONS AND PROVISIONS**

I want to adopt this animal for the following reasons (check all that apply):

- family companion     companion for other pets     personal protection     guard dog for business  
 child's pet     sport (ex. hunting, competition)     working (ex. herding, barn cat/mouser)  
 gift for \_\_\_\_\_     other (please explain) \_\_\_\_\_

Primary caretaker for this pet is: Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Address of primary caretaker \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

During the **DAY**, this pet will stay: inside  outside  (describe) \_\_\_\_\_ During **NIGHT**? \_\_\_\_\_

When I am away from home for extended periods, this pet will be cared for by:  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

If this pet develops behavior problems, I would \_\_\_\_\_

Do you foresee any circumstances that could cause you to surrender this animal in the future, such as a new baby or a move? Explain \_\_\_\_\_

**VETERINARIAN INFORMATION – PAWS has permission to call my vet for pet records from the past and present.**

Name of veterinarian \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Last visit to veterinarian \_\_\_\_\_ Purpose \_\_\_\_\_

**ADOPTER RESPONSIBILITIES *to be completed in the presence of a PAWS representative***

- By initialing each item below, I am agreeing to the terms/conditions.**
- 1. I agree to provide appropriate food, fresh water, shelter, and kind treatment at all times.
  - 2. I agree to take this pet to a veterinarian for examinations and vaccinations appropriate for the animal's age and immunization needs. I understand rabies vaccinations are required by law.
  - 3. I agree to take this animal to a veterinarian, at my expense, should he/she become ill or injured.
  - 4. I agree to notify the Hertford County Animal Shelter and/or PAWS, Inc. if for any reason, I can no longer keep this animal and prior to any action taken to re-home this animal.
  - 5. I will protect this animal from inhumane activities such as fights, medical use, or any other cruel / inhumane circumstances.
  - 6. I understand that Hertford County Animal Shelter and/or PAWS, Inc. can not guarantee the health, temperament, or training of this animal and release them of this responsibility once this animal is in my possession.

I certify that all information on this adoption application is true and any false information will nullify this adoption. Failure to comply with any part of this document/agreement may result in the loss of ownership of the above referenced animal(s) and possession of said animal(s) will automatically revert to the Hertford County Animal Shelter and/or PAWS, Inc. I hereby grant Hertford County Animal Control and PAWS, Inc. the right to enter the lands and enclosures where the animal may be in order to transfer ownership.

*By submitting this application, I understand that I am responsible for the needs of a living companion who will depend on me for care for the remainder of his/her life and I am willing to make this long term-commitment in time, finances, and proper care.*

**Signature of the Adopter** \_\_\_\_\_ **Date** \_\_\_\_\_

**Staff or Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_

**I understand that in the event I cannot keep this dog or cat that I will immediately contact and return the pet to PAWS.**  
**Initial** \_\_\_\_\_

**Photo Identification** \_\_\_\_\_