

Application to Adopt/Foster

Date_____

Helping PAWS Pet Rescue, Inc.

939 W. Bayfield Street, Washburn, WI 54891

715-373-2222

www.helpingpawswi.org

Individual animal you are interested in (if any): _____

Name: _____ Spouse or Partner Name: _____

Telephone #: _____

Cell Phone: _____

Address: _____ City: _____ State: ___ Zip: _____

Email Address: _____

Do you: Own your home Or Rent

Section 1: Your Home

Apartment House Trailer Condo Mobile Duplex Other _____

(If renting, please furnish a letter from your landlord stating this pet is allowed at your home.)

*Required at the time your application is submitted.

How many adults, including yourself, live in your home? _____

Do all the adults in your home know you are adopting? Yes No

Do you have children living with you? Yes No

If yes, what are their ages? _____

What is your place of Employment? _____

Position? _____

How long have you been employed here? _____

What is your Spouse's Place of Employment? _____

Position? _____

How long have they been employed here? _____

Section 2: For Adopters only (Foster homes, skip to Section 3)

If wanting to adopt a cat will you be considering declawing? Yes No

Do you agree that laser surgery is the only acceptable means of declawing?

Yes No Don't know

Have you applied at any other rescues in the past year? Yes No

If so, which rescue(s)? _____

Are you aware of our requirement to spay or neuter this pet? Yes No

Most rescue animals come to shelters with an unknown history; their transition may take weeks or even months. Are you willing to give this pet at **least** two months to adjust to you, your family, and their new environment?

Yes No

In your own words, why do you want to adopt a pet?

What personality/characteristics are you looking for in a pet? (i.e. high energy, mellow, lap animal, dependent, independent, etc.). This information will help us find you the best match.

Section 3: Pet Health & Safety

Are you aware that 1-2 litter boxes are recommended **per cat**? Yes No

Are you aware that Helping PAWS Pet Rescue requires our adopted/fostered cats to be indoors only? Yes No

Helping PAWS Pet Rescue believes nutrition is one of the most important aspects of health maintenance. Would you be willing to make an appointment to discuss Adoption and Nutrition requirements?

Yes No

Have your other pets been exposed to the type of pet you're considering adopting?

Yes No

Are you interested in a specific pet and who? _____
Why are you interested in this particular pet?

Section 4: References

Two Personal References (only one can be a family member):

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Veterinary References:

Please fill out the following page to release your pets' records from your veterinary clinic to HPPR. Please include the client name that the pets are listed under. If your pets have visited multiple veterinarians, please list them all, starting with the vet they've seen the most frequently. Please include deceased pets.

Veterinarian or Clinic: _____
Phone #: _____

Veterinarian or Clinic: _____
Phone #: _____

Country Care Pet Hospital
939 W. Bayfield St.
Washburn, WI 54891

Telephone: (715) 373-2222
Fax: (715) 373-2395
www.countrycarepethospital.com

Client Name _____

Veterinary Medical Records Release Form

I, the undersigned do hereby grant my permission for the release of any or all of the information contained in the medical records of those pets listed below to the following person or Veterinary practice:

PET NAME(S) FOR RELEASE OF MEDICAL RECORDS

Pet's Name	Species	Breed	Age	Amount of time you've owned	Current status (at home, ran away, died, gave away)

Release records from: _____

Release records to: **Country Care Pet Hospital**

REASON FOR REQUEST OF RECORDS:

Adoption Application **** This release will remain in effect until you notify us in writing of any desired changes.****

CLIENT SIGNATURE

DATE