

Paws Hooves and Halo's 501(c)3
PET ADOPTION APPLICATION

*** Completion of this application does not guarantee adoption of a Paws Hooves and Halo's animal ***

Understand that all pets will be current with vaccines and spayed or neutered (where applicable, may not apply to fish, birds, turtles, you get the idea) upon adoption. We do not charge for any adoption however please understand that adding a family member is not free. There are costs involved with caring for a pet.

Name of the pet you wish to adopt: _____

Your full name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Occupation: _____

How did you hear about us: _____

ABOUT YOUR HOUSEHOLD:

Names and ages of all the adults in the house (including yourself) _____

Names and ages of all the children in the house _____

ABOUT YOUR HOME:

Do you own or rent? _____

If you rent, does your landlord approve of pets? _____

Paws Hooves and Halo's 501(c)3

Please indicate the type of dwelling that you live in?

- House Townhouse Apartment/ Condo Mobile home

Do you have a fenced in yard? _____ What type of fence (wood, chainlink, etc)

PETS:

Do you already have a pet(s) at home? Brag about them for a minute

Where will your new pet / family member be kept during the day & night:

If no one is home, where will your new pet/family member be kept?

How many hours a day will your new pet/ family member left alone? _____

Have you had pets in the past? _____

Please describe their life with you and where they are now. Maybe they crossed the rainbow bridge already _____

AVAILABLE ADOPTION ANIMAL ALTERNATIVE: (if the pet you are interested in is no longer available please answer the following questions)

What are you interested in adopting:

- puppy dog kitten cat equine other

Paws Hooves and Halo's 501(c)3

Any specific breed or mix? _____

Age range?

- under 1 yr under 2 yrs 2 - 5 yrs 5 yr & older

What size?

- under 15 lbs under 30 lbs under 50 lbs over 50 lbs

Activity level?

- couch potato calm active ADHD

PERSONAL REFERENCES:

Please list two people and their phone number

1. _____

2. _____

VET REFERENCE: _____

(If you have not had a pet before then please state the name of the vet you intend to see)

SIGN YOUR LIFE AWAY:

I understand & agree that giving false information in response to any of the questions above will disqualify me from adopting a pet from Paws, Hooves and Halo's.

I agree to:

Paws Hooves and Halo's 501(c)3

- Provide proper food, fresh water, weatherproof shelter, shelter from the Florida scorching heat, and humane treatment.
- Keep my pet on my property or within my control at all times
- Maintain health check -ups, vaccines, any medications, and county license as required
- Agree not to tie or chain the pet out as a means of confinement
- Give a reasonable amount of time for the pet to adjust to your home
- Maintain the pet in the same high standard care that they have been given with Paws Hooves and Halo's. If you struggle for any reason call us, we will help.
- If for any reason you can not maintain custody of the pet the only option is to return him / her to Paws Hooves and Halo's immediately.
- Understand you are asking to adopt one of our kidz. We are more protective than a mama bear and her cubs.

Name: _____ (printed)

Signature: _____

Date: _____