

ADOPTER PROFILE & QUESTIONNAIRE

LOST PAWS RESCUE OF TEXAS

PO Box 116256 Carrollton TX 75011

972-394-9373

In order to be considered for an adoption today you must:

1. Be 21 years or older.
2. Have identification showing your present address.
3. Have the knowledge and consent of all adults living in your household.
4. Be able and willing to spend the time and money necessary to provide the training, medical treatment, and proper care for your pet.
5. For the adopted pets have the cash to pay an adoption fee; Lost Paws Rescue of TX accepts checks with a valid Texas Driver's license.
6. Understand that LPRT has the right to deny or approve your application; understand that this application will be retained in our files.

PLEASE PRINT OR WRITE LEGIBLY ALL YOUR RESPONSES:

Name _____ Home # _____ Cell # _____

Address _____ City _____ Zip _____

How long at this address ____ years / months Do you live in: Home Rent Apartment With parents Mobile Home

Landlord _____ Phone # _____ Do you have a copy of pet addendum? Yes No

Employer: _____ Work # _____

Contact email address: _____ Date of Birth _____

Name of Animal adopting: _____ OR Description of animal wanting to adopt: Cat Dog Sex: Female Male

Approx age: _____ Type of personality: _____

What made you decide you wanted to adopt a pet and how long have you been looking? _____

_____ Is this your 1st experience with a pet? Yes No

What is the primary reason you want to adopt? Companion for self / family / pet Gift Other: _____

Have you ever adopted an animal before? Yes No If Yes, from where? _____

Have you ever given up an animal for adoption? Yes No If Yes, why? _____

What is your plan in case of a life changing event (health, financial, divorce, loss of home/job) _____

What percentage of time will your pet be: Indoors: _____%, Outdoors: _____% Do you have a doggie door? Yes No

Number of people regularly in your home: Adults: _____ Children: _____ Ages: _____

Is anyone allergic to pets in your house? Yes No If Yes, details: _____

Who will be responsible for the pet? _____

Will there be any regular extended periods of time your pet will be alone (other than normal work hours)? Yes No

If Yes, please describe what arrangements will be made for the pet regular and emergency care: _____

Name of current veterinarian or clinic? _____

Do you want to have your pet spayed or neutered? Yes No What brand of food will you provide for your pet? _____

Can you keep your new pet isolated for at least a week from your existing pets? Yes No Where? _____

CURRENT pets in household

Cat (C) / Dog (D)	Breed	Age	Sex (M/F)	Length of Ownership	Vaccination Due Date	Neutered (Y/N)	If not neutered, why not?	Declawed? (Y/N)	Percentage of time kept:	
									Indoors	Outdoors

ALMOST DONE! PLEASE COMPLETE INFORMATION ON THE BACKSIDE, SIGN AND DATE

PREVIOUSLY owned pets (within the last 5 years)

Cat (C) / Dog (D)	Breed	Age	Sex (M/F)	Length of Ownership	Neutered? (Y/N)	If not neutered, why not?	Declawed? (Y/N)	Percentage of time kept:		What became of this pet?
								In-doors	Out-doors	

FOR DOG ADOPTERS ONLY:

Are you familiar with leash/licensing laws in your community? Yes No Are you willing to take your dog to training? Yes No
 How will you confine your dog? (check all that apply) Leash In house Chain Dog Run Crate Yard
 Do you have a fenced yard? Yes No Type of fence: Wood Chain link Other Height of Fence: _____ ft
 Are you willing to housebreak your dog? Yes No Have you crate trained previously? Yes No
 Are you familiar with Heartworm Disease? Yes No Are your current dogs on heartworm preventative? Yes No

Please check ALL the behaviors you are unwilling or unable to deal with, tolerate or work through till resolved:

Eliminating in the house Mouthiness Destructive chewing Aggression toward other animals Barking Jumping up
 Separation anxiety Shedding Escaping Rowdiness Digging Other: _____
 Are you familiar with the following diseases: Distemper? Yes No Parvovirus? Yes No

FOR CAT ADOPTERS ONLY:

Do you plan to declaw? If yes, Front Paws Front/Back Paws No Are you familiar with the laser declaw method? Yes No
 Are you familiar with other alternatives to stop scratching? Yes No Location of the litter box? _____

Please check ALL the behaviors you are unwilling or unable to deal with, tolerate or work through till resolved:

Eliminating outside the litter box Jumping on counters/tables Destructive clawing of furniture or carpet Digging in plants
 Mouthiness Aggression toward other animals Shedding Night activity Other: _____
 Are you familiar with the following diseases:

Feline Leukemia? Yes No Feline Urological Syndrome? Yes No
 Feline Infectious Peritonitis? Yes No Feline Immunodeficient Virus? Yes No

I certify that the above is true and that false information may result in nullifying this adoption. I also authorize my veterinarian to release my veterinary records on my personal pets. I authorize LPRT to contact me by phone, email or in person at the information released in this application. I also agree to all provisions of the LPRT contract to return animal to LPRT and to make full payment with the said amount of time within two (2) weeks from the date the animal is in my possession or I acknowledge that I am subject to criminal and civil prosecution.

Adopter signature: _____ **Date:** _____

Please tell us how you heard about us? Petsmart customer I am a Previous Adopter Petfinder/PetArk search
 I was Referred by: _____ My Vet Clinic _____ Other: _____

LPRT USE ONLY:

COMMENTS: _____

(LPRT initials) APPROVED: _____ REJECTED: _____ REASON: _____ FEE \$ _____