



Adoption Application

S.O.S. 4 PAWS
263 Shaw Street, Lowell, MA 01851
Phone: (978)-453-0349

To help ensure the best possible placement of our rescued animals, and in order to determine that the proposed adoption is in the best interest of the animal, you, and your family, please complete each of the following questions. Please be as thorough as possible. S.O.S. 4 PAWS reserves the right to refuse adoption to any application.

Type of Animal You Wish to Adopt: _____

Name of Animal: _____

Your Name: _____ Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Place of Employment: _____

Name Personal Reference: _____

Relationship: _____ Phone: _____

Household Information:

1. Do you live in a: House Apartment Condo Mobile Home

2. Do you: Own Rent Live at Home

3. If you rent: Are pets allowed? Yes No

o Landlords name and phone: _____

o Does your landlord require a security deposit Yes No

4. Length of time at current residence?

Less than 1 year (*If selected, please provide previous address*)

Previous Address: _____

1-3 years 3-5 years 5+years

5. If you are planning on adopting a dog, do you have a fenced-in yard? Yes No
What type of fence (chain link, stockade, etc.)? _____
If you do not have a fenced yard, what arrangements do you plan to make for exercise and toilet duties: _____

6. Number of adults in home: _____
7. Number of children in home: _____ Age of children: _____
8. Do you have a swimming pool? Yes No
9. Have allergies to animals been a problem to any household member? Yes No
10. Are all family members aware that you are considering adopting a pet? Yes No
Do they all approve? Yes No

Pet History:

1. Do you own other pets? Yes No Total number of animals: _____
If yes please complete information below.

Are they current on their vaccinations? Yes No
Are your dogs on Heartworm preventatives? Yes No
Do your cats go outside? Yes No

Animal 1

Name: _____ Type/Breed: _____ Sex: Male Female Age: _____
Neutered/Spayed? Yes No Length of ownership: _____

Animal 2

Name: _____ Type/Breed: _____ Sex: Male Female Age: _____
Neutered/Spayed? Yes No Length of ownership: _____

Animal 3

Name: _____ Type/Breed: _____ Sex: Male Female Age: _____
Neutered/Spayed? Yes No Length of ownership: _____

2. Have you had other pets in the last five years? _____
What happened to them? _____
3. Have you ever given up a pet for adoption? Yes No
If yes, please explain the circumstances: _____

4. Have you ever adopted from the S.O.S. 4 Paws Animal Shelter before? _____
5. Have you ever surrendered an animal to the S.O.S. 4 Paws Animal Shelter? _____

Pet Information:

1. Will there be someone home with your pet during the day? Yes No
2. What is the greatest number of hours the pet will spend alone daily/nightly? Hours: _____
3. Where will the pet spend most of its time?
Crate Indoors Outdoors Garage Basement Run
4. Where will your new pets main sleeping quarters be?
Crate Pet Bed Share bed with owner Designated Room
Outdoors Garage Basement
5. Is there someone home at night? Yes No
6. Do you plan to travel with your pet? Yes No
7. If not, where will the pet stay while you are away?
Friend or Family Kenneled In home pet-sitting
8. Have you ever taken a dog to obedience class? Yes No
9. Have you ever crate trained a dog? Yes No
10. What types of activities do you plan for you and your dog?

Desired Animal

1. What type of animal are you looking for? _____
2. What sex animal are you looking for? Male Female No preference
3. What age animal are you looking for? _____
4. Would you accept an animal that has a treatable medical condition? Yes No
5. Why do you wish to adopt this type of animal? Watch dog Companion
 Breeding As a gift for someone Other: _____
6. If interested in a cat, are you planning to declaw him/her? _____
Are you planning to let the cat go outside? _____
7. Would you allow a Shelter representative to do a home check? _____

Veterinarian Information:

1. Name of current veterinarian: _____
2. Name & location of Animal Hospital: _____
3. How much do you think this pet will cost you each year (please include food, heart worm preventative, flea control, medical and dental care, supplies, training, grooming, boarding costs and toys)? _____

Post Adoption Requirements:

1. If you adopt a puppy or a kitten, you're required to sterilize him or her by six months of age.
2. If adopting a cat from S.O.S. 4 PAWS, you will keep him/her indoors.
3. If adopting a dog, you will abide by your Town's leash law.
4. You would return the animal to us if you feel you cannot keep him/her. You must not sell the animal or give it to anyone else.
5. You are responsible for providing proper shelter, food, water, exercise, medical care and humane treatment at all times for your companion animal.

I certify that the information given on this application is true and correct. If I am approved by the S.O.S. 4 PAWS to adopt an animal, I agree to all the above requirements. I understand that failure to comply with any of the requirements will result in confiscation of adopted animal.

Signature of Applicant:_____ **Date:** _____