



NO PAWS LEFT BEHIND ANIMAL SHELTER

59 Hodges Cross Rd
North Adams, MA 01247

contact@nopawsleftbehindas.org

You must be over 18 years old to adopt any pet with a valid license/ photo ID with a current address.

Dog Adoption Application

Dogs you are interested in: Dog 1 _____ Dog 2 _____

Name: _____ Date: _____

Partner's Name: _____

DOB: _____ Occupation(s): _____

Phone Number: Cell _____ Home _____ Work _____

Email Address: _____

Have you adopted from No Paws Left Behind before? Yes _____ No _____

Household Information

Address: _____

Do you rent or own? Rent _____ Own _____ Type: House _____ Apartment _____

If you rent, landlord's name and number: _____

How long have you lived at your current address? _____

Household Members (Please fill in the chart below based on who lives in your home):

Name	Age	Relationship

Have you owned pets previously (if yes, what type)? _____

If not, what is your experience handling animals? _____

Have you trained your previous dog(s), if yes, explain _____

Please list the information about your current/previous pets in the last 5 years:

Name	Type of pet	Age	Spayed or Neutered?	Do you still own? If yes- for how long? If no- why not?

Do you plan to make any big life changes anytime soon? (Check off options if yes and explain): Moving _____ Adding a family member _____

Explain: _____

Have you ever had to give up a pet? (Explain): _____

Lifestyle Information

How would you describe your lifestyle? Active _____ Very Active _____ Mildly Active _____

What activities do you enjoy regularly? _____

If you are not active, what would you do to exercise your pet? _____

Other information

What temperament are you looking for in a dog? Calm _____ Energetic _____
Combination _____ Other _____

Why are you looking for a dog? Companion _____ Working _____ For child _____
Gift _____ Other _____

What parts of your home would your dog be allowed access to? _____

Where would you keep your dog when you are not home/at night? Crate _____ Loose
in the home _____ Outdoors _____ Other _____

of hours your dog will be left alone daily: _____

Where will your dog be outdoors? Tie-out _____ Fenced yard _____ Underground
fence _____ Dog run/kennel _____

If yard is fenced, how high is the fence and what type of fence? _____

Your new dog must have the following attributes:

Tolerance for children (include ages) _____

Individuals with disabilities _____

Other dogs _____

Small animals (type) _____

Other _____

How do you plan to train your new dog? _____

How do you plan to handle any behavioral issues that may arise? _____

How much do you anticipate spending for pet care each year? _____

Are you able to make this long-term commitment of owning this pet? _____

Do you have the ability to get to and from vet appointments? _____

References

Veterinary Office Name/Veterinarian: _____

Address: _____

Phone Number: _____

If your pet isn't listed under your name, please provide the name the pet is listed under:

Please provide information for two people we may contact as personal references. These references should not reside with you or be family members.

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

I/we do hereby acknowledge that any false or knowingly omitted statements on this form may constitute rejection of this application. I/we give my/our veterinarian permission to release any vet records and information about my current and past pets to No Paws Left Behind Animal Shelter. I/we also give No Paws Left Behind Animal Shelter permission to remain in contact with me/us by a home visit, phone calls, and emails. I/we understand that this application is the property of No Paws Left Behind Animal Shelter and that they have the right to deny my/our application to adopt.

Signature: _____

Printed Name: _____

Date: _____

Signature: _____

Printed Name: _____

Date: _____