



## **NO PAWS LEFT BEHIND ANIMAL SHELTER**

69 Hodges Cross Rd  
North Adams, MA 01247

[contact@nopawsleftbehindas.org](mailto: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: \_\_\_\_\_