



Pawsibilities Unleashed Adoption Placement
DOG/PUPPY ADOPTION APPLICATION

Date _____

Animal _____ # _____

Breed _____ Sex _____ Age _____

Pawsibilities Unleashed
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WELCOME TO PAWSIBILITIES UNLEASHED RESCUE PLACEMENT

(We are a private rescue, not a shelter, humane society, etc. Our dogs are drop outs from our service dog/therapy dog training programs due to being too timid to work in public. They live at a home, not a walk through, preview facility. Serious inquiries only please, no, "window shoppers").

We are happy that you have come to us to adopt a dog/puppy. We hope that we can be of service to you. To help ensure that the animal you want will be best suited to you, your home and lifestyle, and that the animal will be placed in an environment compatible with its needs, we ask your cooperation in filling out the application. We hope you will agree that the animal's welfare MUST be our foremost consideration. Upon completion of this application, a staff member will contact you via email to discuss the adoption with you and answer any questions you might have. We ask for your patience and cooperation. Thank you.

Name _____ Driver's License _____

Name(s) of other adults in household _____

Street Address _____

City _____ County _____ State _____ Zip _____

Mailing Address (if different from above) _____

Email Address _____

Home Phone _____ Work Phone _____

Place of Employment _____

Who will be responsible for this animal? _____

Do you live in a: (circle one) House Apartment Duplex Mobile Home

Other _____

Do you: Own ☐ Rent ☐ Live with parents, relative, or guardian ☐?

If renting, does your landlord/rental agency allow pets? _____

Landlord's Name_____ Landlord's Phone #_____

How long have you lived at your present address?_____

Do you anticipate moving within the next six months?_____

If you move sometime in the future, what will you do with your pets?_____

Do you have children at home?_____Ages?_____

Are they used to animals?_____ Is anyone allergic to animals?_____

Do all adult members of the household know that you plan to adopt a dog?_____

Why do you want this animal? (Please circle one or more of the following)

Companion for the Kids

Watch Dog

Hunting Dog

Companion for Other Dog/Puppy for self Other_____

Do you have other animals at home? Yes ☐ No ☐ How many?_____

If yes, please provide the following information on your animals:

Species	Name	Sex	Age	Time owned	Spayed/neutered?

Are all your pets current on their vaccinations? Yes ☐ No ☐

What is the name your veterinarian/clinic?_____

How many hours per day will this pet be alone? (without human companionship)_____

Where will this dog be during the day?_____ At night?_____

Will this dog be allowed indoors?_____ Where will this dog sleep?_____

When this animal is outside, will it be: In a fenced yard ☐ On a leash ☐ Allowed to run loose

☐ On a trolley ☐ Chained ☐ Other_____

If the yard is fenced, will it safely confine this animal?_____

Type of fence_____ Height_____

What kind of outside shelter will be provided?_____

Are you willing to enroll this dog in obedience classes?_____

Are you aware of your local animal control regulations?_____

Is your present dog/cat licensed?_____Will you license this dog?_____

How many pets, other than the ones previously listed, have you owned in the last five years?_____

What happened to them?_____

Would you allow our representative to see this animal in its new home? Yes ☐ No ☐

Are you aware of the financial commitment and responsibilities of owning a companion animal?

(Approximately \$400 a year for food, vaccinations, licensing, etc., not including emergency medical care.) Yes ☐ No ☐

Are you willing to spend this much or more?_____

REFERENCES:

One reference must be a veterinarian. References should be non-family/close friends. *If you do not currently have a veterinarian, please list a 3rd non-family reference.

	NAME	PHONE	RELATIONSHIP
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in my losing the privilege of adopting a companion animal from Pawsibilities Unleashed Rescue Placement. This dog will reside in my home as a pet. I will provide it with adequate food, water, shelter, training affection and medical care. I am in full agreement with these terms of adoption. Pawsibilities Unleashed Rescue Placement is in no way liable or responsible for any damage, accident or injury resulting from the placement of a dog in my household.

Signature_____Date_____

Pawsibilities Unleashed Rescue Placement reserves the right to refuse any applicant for any reason!