**PAMLICO ANIMAL WELFARE SOCIETY (PAWS)**

**P. O. Box 888 Oriental, NC 28571**

**Contact:** **mail@pamlicopaws.net** **or (252) 745-7297**

**PAMLICO ANIMAL WELFARE SOCIETY (PAWS)**

**Terms of Adoption**

If I/we are successful in adopting a dog from the PAWS Program, I/we \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ herein promise and agree to the following conditions:

1. To keep this dog in my/our personal possession, provide proper and sufficient food, water, shelter, grooming, love, and humane treatment at all times.
2. To obtain veterinary care at once if he/she becomes sick or injured, to keep current on heartworm medication and vaccination against rabies, distemper, parvo virus, Lyme, corona viruses, and canine flu.
3. To obey all animal control regulations governing the area in which I/we live, and to license him/her according to such regulations within one month of adoption.
4. To provide him/her with ID and rabies tags, secured to a collar and worn at all times. PAWS does not support the use of electric collars.
5. To never sell, trade, transfer ownership, abandon, or dispose of him/her in any way. I/we will notify PAWS if I/we must relinquish custody. **Questions 32 and 33 must be completed before your application will be considered.**
6. To allow a PAWS representative to periodically visit him/her and assess living conditions and periodically call to check on the dog’s well-being.
7. To assume full responsibility for the dog’s actions and for any damage done by the dog, as well as hold PAWS and its representatives/rescuers harmless from any claims of liability for conduct of the dog after taking possession of the dog on or after the date of adoption.
8. To keep the dog as a household pet and companion, to include giving the dog attention, daily care, and making arrangements for appropriate care if I/we are away.
9. To ensure that the dog kept is in a secure, fenced yard or kennel run with water, shade, and adequate shelter from the elements when outside and unattended.
10. To provide adequate exercise for the dog and to never allow the dog to run loose without adequate supervision, and to never chain/tie him/her without being in attendance.
11. To never allow him/her to be transported in the open bed of a pickup truck or similar vehicle, without being enclosed in an adequately secured animal crate, and to not leave him/her unattended in a car.

I/we have read and hereby agree to fully abide by the Terms of Adoption listed above and understand that adoption fees are nonrefundable.

Applicant/s Signature/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAWS Representative’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PAWS relies solely on fundraising, donations, and grants, and is a nonprofit, 501(c)3 organization committed to providing financial assistance to those needing help with spaying or neutering their pets, and so much more.***

***Please visit our website at PamlicoPaws.net***

***.***

**PAMLICO ANIMAL WELFARE SOCIETY (PAWS)**

**P. O. Box 888 Oriental, NC 28571**

**Contact Us:** **mail@pamlicopaws.net** **or (252) 745-7297**

 **Adoption Application**

Date: \_\_\_\_\_\_\_\_\_\_

**Note: PAWS Adoption fee for a rehomed animal in a minimum $300 donation. Personal interview/meet and greet are required.**

1. Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Best time to contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you: \_\_\_\_ Own \_\_\_\_ Rent a \_\_\_\_ Home, \_\_\_\_ Apt \_\_\_\_ Condo \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If you are a renter, do you have the landlord’s permission to have a dog? \_\_\_\_ Yes \_\_\_\_ No.
3. Landlord’s contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Your Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Your Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Who will be responsible for this dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Ages and genders for other members of your household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you ever had to give up a pet? \_\_\_\_ Yes \_\_\_\_ No. If yes, provide reason and disposition? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you currently have any other pets? \_\_\_\_ Yes \_\_\_\_ No. If yes, provide breed, age, sex:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are your other dogs/cats spayed or neutered? \_\_\_\_ Yes \_\_\_\_ No. If no, explain why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have a regular veterinarian? \_\_\_\_ Yes \_\_\_\_ No. If yes, provide name and phone number:
3. Vet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you have a fenced yard? \_\_\_\_ Yes \_\_\_\_ No. If yes, describe area, height, and type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Is there adequate shade, shelter and water in the area at all times? \_\_\_\_ Yes \_\_\_\_ No.
6. Do you have an area to separate the dog from other animals (illness/acclimation)? \_\_\_\_ Yes \_\_\_\_ No.
7. Are you aware of the animal control regulations in your area? \_\_\_\_ Yes \_\_\_\_ No.
8. Are there any leash laws in your area? \_\_\_\_ Yes \_\_\_\_ No.
9. Describe any restraint device to be used on the dog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. How long will the dog spend alone each day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Where will the dog spend the day?

\_\_\_\_ Loose, indoors \_\_\_\_ In crate \_\_\_\_ Room, \_\_\_\_ Garage \_\_\_\_ Fenced yard \_\_\_\_ Kennel/Run

\_\_\_\_ Other: If other, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Where will the dog spend the night?

\_\_\_\_ Loose, indoors \_\_\_\_ In crate \_\_\_\_ Room, \_\_\_\_ Garage \_\_\_\_ Fenced yard \_\_\_\_ Kennel/Run

\_\_\_\_Other: If other, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you willing to work through unexpected hardships (e.g. house training, marking in the house, separation anxiety, breaking out of crate, fear, socialization issues, and acclimation to other pets)?

 \_\_\_\_ Yes \_\_\_\_ No.

1. Do you have the time and financial ability to involve a trainer or veterinarian in the event of issues after adoption?

\_\_\_\_ Yes \_\_\_\_ No.

1. Will you commit to this dog for its lifetime? \_\_\_\_ Yes \_\_\_\_ No.
2. Will you take this dog with you if you move? \_\_\_\_ Yes \_\_\_\_ No.
3. Under what circumstances would you consider giving up this pet?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a plan in the event you can no longer care for this pet? \_\_\_\_\_Yes \_\_\_\_\_No

Describe plan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you agree that PAWS representatives may follow up visits/inquiries regarding the dog’s well-being?

\_\_\_\_ Yes \_\_\_\_ No.

Please provide three personal references with contact information (Note: only one may be a family member)

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: If references are not provided (or listed as “upon request”), PAWS will not consider this application.

I understand that PAWS makes no guarantee about the dog’s temperament, age, or health, and is not responsible for future damage or injuries caused by the dog. \_\_\_\_ I agree \_\_\_\_ I disagree.

I give PAWS permission to call or visit my house (at a reasonable hour) to assure that the animal is being properly cared for. \_\_\_\_ I agree \_\_\_\_ I disagree.

I agree to keep PAWS informed of my current address and phone number. \_\_\_\_ I agree \_\_\_\_ I disagree.

In the event of a failed adoption, I will not receive a refund of my adoption fee. \_\_\_\_ I agree \_\_\_\_ I disagree.

Applicant/s Signature/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to join our email list? \_\_\_\_ Yes \_\_\_\_ No.

*Thank you for your interest in adopting. PAWS wants the best match possible for our dogs. PAWS representatives will review all applications and notify qualified applicants. If selected as a qualified applicant, a PAWS representative will call to set up a telephone interview and discuss plans for a home visit and for meeting your new pet.*

**Please return both the signed Terms of Adoption and the Adoption Application to:**

**PAWS Re-homing Adoptions**

**P.O. Box 888**

**Oriental, NC 28571**

**or by email:**

**mail@pamlicopaws.net**

**Your re-homing fee is due when you take possession of your dog.**

**(Please note that the average cost for veterinary care and neutering is over $200)**

If you have any questions about a dog or the adoption process, call:

Jackie Schmidt, PAWS President (252) 649-5504

Kathleen Kieffer, PAWS Chair and Web Manager (703) 819-8835