



**PARADISE  
Animal Rescue**

2266 North Lapeer Road  
Lapeer, MI 48446  
(810) 969-4455  
(810) 969-4476 fax  
www.parpets.org

Animal Name:	Master Number:
Date:	

## ADOPTION/FOSTER APPLICATION

<b>PERSONAL INFORMATION</b>		
Primary Adopter:	Secondary Adopter:	
Street Address:	City, State, Zip:	
Email Address:		
Home Phone:	Cell Phone:	
Drivers License Number:	Date of Birth:	
Primary Adopter's Occupation:		
How long at present address?	Do you: <input type="checkbox"/> own or <input type="checkbox"/> rent?	
If you rent, landlord's name:	Landlord phone:	
Do you live in: <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Mobile home park		
Are there any pet restrictions?		
How many people reside in your home? Adults <input type="text"/>	Children <input type="text"/>	Ages of children:
Does anyone in your home have allergies to dogs/cats? <input type="checkbox"/> yes <input type="checkbox"/> no		
If you move in the future, what will you do with your dog/cat?		
Is everyone in your home aware that you plan to adopt this dog/cat? <input type="checkbox"/> yes <input type="checkbox"/> no		
Are they in agreement?		

<b>Please list two personal references:</b>		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

<b>CAT Adopters only:</b>
Will the cat live <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both
What would you do if the cat stopped using the litter box?
Are you considering declawing? <input type="checkbox"/> yes <input type="checkbox"/> no
<i>*PAR does not recommend declawing. Cats must be provided adequate scratching surfaces.</i>

**DOG Adopters only:**

Will the dog live \_\_\_\_\_ Inside \_\_\_\_\_ Outside

Do you have a COMPLETELY fenced-in yard? \_\_\_\_\_yes \_\_\_\_\_no

If yes, type and height of fence:

If no, how will you contain the dog to your property?

Where will the dog be kept when no one is home?

How many hours per day will the dog be left alone?

Where will the dog sleep?

What will you do with the dog when you go out of town?

Are you willing to obtain a crate for house-training if necessary?

Are you willing to enroll the dog in obedience training classes?

How would you handle destructive behavior (chewing, barking, digging)?

**PET EXPERIENCE****CURRENT PETS**

Name	Breed	Age	Vaccinations	Sex	Spay/Neutered	Illnesses	Behavior Issues

**VETERINARIAN REFERENCE**

Name:

Phone:

City:

**PREVIOUS PETS**

Name	Breed	Age	What happened to him/her?	Name and phone of Veterinarian who last saw this pet

**Miscellaneous**

Rescued animals need time to adjust to a new home. Are you willing to give this dog/cat adequate time to ensure a proper adjustment?  yes  no

For what reason, if any, would you consider giving up your pet?

Do you agree to have regular check-ups and vaccinations administered by a vet?  yes  no

Does your household budget allow you to provide regular veterinary care for this dog/cat (approximately \$300-\$400 per year)? This includes annual vaccines, feline leukemia test, heartworm test, flea preventative, and diagnosis and treatment of any illness.  yes  no

Would you object to a PAR representative visiting your home prior to or following a pet adoption?  
 yes  no

I/we acknowledge that all of the information provided on this adoption application is correct. I/we understand that any misrepresentation of facts may result in the removal of an adopted dog/cat from my home by Paradise Animal Rescue.

Primary Adopter Signature:

Secondary Adopter Signature:

Date:

Date: