



Adoption Information Form

Habitat 4 Paws
P. O. Box 5662 Frisco, TX
75035
Info@habitat4paws.org

www.habitat4paws.org
www.facebook.com/h4paws
twitter.com/Habitat4Paws

Name _____ Name of Pet: _____

Street Address _____

City _____ Zip _____ Date of Birth _____

Phone (h) _____ (w) _____ (c) _____

Email Address _____

Emergency Contact & Phone: _____

ABOUT YOU AND YOUR HOME:

Do you live in _____House _____Apartment _____Other Own or lease? _____

If leasing, proof of pet deposit required. Landlord's contact no.: _____

What is the limit of pets allowed by your city code or homeowner association? _____

Are there children in your household? Yes_____ No_____ Ages: _____

Are you a college student? _____ Do you have roommates? _____

Is anyone in your home allergic to dogs or cats: If so, please explain: _____

Is everyone in your home in agreement for a pet? _____

Who will be the primary caretaker of your pet? _____

Do you have a fenced yard: _____ Type: (chain link, wood, etc.) _____

If you travel, what arrangements will be made for your pets? _____

If you move or relocate, what are your plans for your pet(s)? _____

Do you have a swimming pool?

What behaviors you are willing to work with, if any?

- | | |
|---|---|
| <input type="checkbox"/> Chewing | <input type="checkbox"/> Potty Accidents |
| <input type="checkbox"/> Digging | <input type="checkbox"/> Clawing/scratching Furniture |
| <input type="checkbox"/> Barking | <input type="checkbox"/> Litter Box Training |
| <input type="checkbox"/> Crate Training | <input type="checkbox"/> Getting on Furniture |
| <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Socializing |

How much time will you spend daily with your pet? _____

Where will it spend most of its time? Indoors____ Outdoors____ Where will it sleep? _____

If any behavioral issues develop (such as digging, barking, chewing, crate training, separation anxiety or socialization) are you willing to call us for help and work with the pet? _____

Will you crate a dog while away from home or as part of training? _____

Have you housetrained a dog before and if so, how? _____

Have you ever surrendered/rehomed a pet to a shelter, rescue or friend/family member? _____

If so, to whom, when and why? _____

ABOUT YOUR PETS:

What other pets live in your home (please list breed, age): _____

Are they spayed/neutered? _____

Are they current on vaccinations, heartworm and flea preventative? _____

Are they friendly with other pets? _____

Please list your vet's contact information _____

What heartworm preventative do you use? _____ Flea preventative? _____

Adopter Signature

Printed Name

Approved by: _____ Date: _____

Thank you for your application to adopt! You may return a .pdf of your application to info@habitat4paws.org or mail it to P. O. Box 5662, Frisco, Texas 75035 and we will follow up with you as quickly as possible.