



Adoption Application

All aspects of pet ownership must be seriously considered before deciding to adopt as it is a commitment for the lifetime of the animal. Please visit our website for information about adopting and to see our available animals at pawedpals.org/adopting/.

PLEASE PRINT CLEARLY

Applicant & Residence Information:									
Name of Applicant(s) <small>(primary caregiver(s) for an adopted pet must be at least 18 years of age)</small>									
Phone #(s)									
Email Address									
Number of Adults in the household <small>(including caregiver(s))</small>			Number of Children		Age(s) of Children				
Residence Address									
City		Province			Postal Code				
Mailing Address <small>(if different from above)</small>									
City		Province			Postal Code				
Type of residence <small>(please specify – house, apartment, etc.)</small>									
Outdoor space and fence <small>(please specify – city yard, balcony, rural acreage, etc. and whether completely or partially fenced, or no fence)</small>									
Own	Rent	Live with parents	Other <small>(please specify)</small>						
Are pets allowed? <small>(if rental or condo)</small>			Yes	No	Don't know				
Name and Phone # of Landlord or Condo Board <small>(if applicable)</small>									
Name and Phone # of Homeowner <small>(if not the applicant)</small>									
Name and Phone # of person who will be financially responsible for the new pet <small>(if not the applicant)</small>									

Adoption Preferences:					
Why do you want to adopt a pet?					
Species/Breed		Sex		Age range	
Personality/temperament; activity/energy level					
Other preferences <small>(if you are interested in a specific PPAR animal please indicate their name here)</small>					
How did you hear about PPAR?					

Character References (3 people who can honestly comment on your character and your experience with animals):

Name	Relationship	Phone #

Current Pet Information:

Name	Species/Breed	Sex	Spayed or Neutered (Yes / No)	Age	Length of time owned	How acquired (rescue, breeder, etc.)

If any current pet is not up-to-date on their vaccines/annual health check, please provide reasons/circumstances

Veterinarian's Name and Phone #

Former Pet Information:

Name	Species/Breed	Sex	Spayed or Neutered (Yes / No)	Age (at death/other)	Length of time owned	How departed (deceased, re-homed, etc.)

If any former pet was surrendered to a shelter/rescue or otherwise re-homed, please provide reasons/circumstances

Veterinarian's Name and Phone #

Signature(s): I/we certify that all information provided herein is true; that I/we agree to be interviewed by Pawed Pals Animal Rescue (PPAR) representative(s); that I/we authorize PPAR to contact all other parties referenced herein, to investigate all statements made on this form and to conduct a home visit. I/we also acknowledge that approval is not guaranteed and that a decision will be made on this Adoption Application by and at the discretion of PPAR and in the best interests of PPAR animals.

Date		Signature	
Date		Signature	

Mail to or drop off your completed form at: Pawed Pals Animal Rescue, 511 Robinson Avenue, Selkirk MB, R1A 1E5
or drop off at a PPAR event or another location as advised by PPAR representatives

Office Use Only

Received Date		Approval Date		Adoption Coordinator	
Notes					