



LAGO VISTA P.A.W.S.



DOG AND CAT ADOPTION CONSULTATION FORM

DATE: _____ LOCATION: _____ ANIMAL'S NAME: _____ COUNSELOR: _____

APPLICANT'S NAME:	<i>(Please print.)</i>		
ADDRESS:			
CITY, STATE, ZIP:			
PHONE CONTACT:	(HOME)	(WORK)	(CELL)
E-MAIL:			

Welcome to the Lago Vista P.A.W.S. Shelter and Adoption Center. We are glad that you are considering adopting a new pet from our shelter. The following information is requested so that your adoption counselor can assist you in selecting the right pet for you. The consultation process is designed to help us determine if the adoption is in the animal's best interest and to assist you in finding an animal that is most compatible with your lifestyle.

In order to be considered as an adopter today, you must:

- ◆ Be 18 years of age or older
- ◆ Have identification showing your present address
- ◆ Have the knowledge and consent of your landlord if you lease
- ◆ Be willing and able to spend the time and money necessary to provide training, medical treatment, and proper care for a pet

1. I am here to look for a: Puppy Dog Kitten Cat
2. Is this your first experience with a pet? Yes No
3. Please check any of the following reasons for adopting a pet: Watchdog/Guard Dog Companion Breeding Hunting Barn Cat/Mouser Family Pet Child's Pet Companion for Other Pet Other (specify) _____
4. Do you own any pets at the present time? Yes No If "yes," please list below.

NAME	BREED/SPECIES	AGE	STERILIZED	INSIDE OR OUTSIDE

5. How many other dogs or cats have you owned in the past 5 years: Dogs _____ Cats _____
Use the space below to tell what happened to those pets.

NAME	BREED/SPECIES	AGE	STERILIZED	WHAT HAPPENED

6. Veterinary Clinic: _____ Vet's Name: _____ Phone: _____
7. Type of home: House Apartment Mobile Home Duplex Condominium Other (specify) _____
8. If you rent, does your lease allow pets? Yes No Name of Landlord: _____ Phone: _____
9. How long have you lived at the above address? _____
10. How many people live in your household? _____ Do all the adults know you plan to adopt a pet? Yes No
11. If there are children in your household, what are their ages? _____
12. Is anyone in your household allergic to animals? Yes No
13. Is this going to be an inside or outside pet? _____
14. Do you have a fenced yard? Yes No (NOTE: For dog adoptions, a fenced yard is preferred.)
15. Please provide us with one reference (family member or friend): Name: _____ Phone: _____
16. How did you hear about Lago Vista P.A.W.S.?
 - Internet : LVPAWS Homepage Austin360 PetFinder.com Other Web Site (specify): _____
 - Newspapers: Austin American Statesman North Lake Travis Log Other Newspaper (specify): _____
 - Adoption Day (specify location): _____ TV/Radio Station (specify): _____
 - Sign (specify location): _____ Friend Other (specify): _____

I certify that the above information is correct, and I am hereby notified that providing false information could result in the forfeiture of the adopted pet.

Signature: _____ Date: _____

Lago Vista PAWS is not able to accept every application for adoption and reserves the right to reject an application.

Our adoption counselors are well trained and are required to ask for detailed information about the potential living arrangements for our animals. Applications are PROCESSED on a first come first serve basis but are APPROVED based on which application is the best match for the animal. We have set guidelines for application acceptance and realize that your opinion may differ from ours. Thank you for your understanding.