

**Pre-Adoption Application**  
**Prairie Paws Rescue**  
**PO Box 1114**  
**Jamestown, ND 58402-1114**  
**(701)320-4553**



prairiepawsrescue.com  
prairiepawsrescue@hotmail.com

Please Print

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Place of employment: \_\_\_\_\_

Name of animal you are interested in adopting \_\_\_\_\_

Why do you want to adopt an animal? \_\_\_\_\_

How long have you been looking for a pet? \_\_\_\_\_

What is it about this animal that appeals to you? \_\_\_\_\_

Who will be the primary care giver for this pet? \_\_\_\_\_

Does anyone in your home have allergies (pets)? \_\_\_\_\_

Have you adopted from any other rescue or shelter in the past? If yes, which agency? \_\_\_\_\_

Number of people in your household (including children's ages): \_\_\_\_\_

Is everyone in the family in agreement with the pet you want to adopt? \_\_\_\_\_

Are you aware of the financial obligation involved in having a pet? \_\_\_\_\_

If your pet becomes sick, how much would you be willing to spend? \_\_\_\_\_

Are you aware that this animal will require routine vet care including (but not limited to) annual examinations and vaccinations? \_\_\_\_\_

Do you agree to obtain required annual vaccinations? \_\_\_\_\_

If the pet you are adopting is not house trained, what method will you use to help the pet succeed? \_\_\_\_\_

Are you prepared for this pet to have accidents in your home? \_\_\_\_\_

As an adult have you ever been a pet owner? \_\_\_\_\_

Do you have any dogs and/or cats at home now? \_\_\_\_\_

1. Age\_\_\_\_ Breed\_\_\_\_\_ Sex\_\_\_\_ Licensed\_\_\_\_\_ Vaccinated\_\_\_\_\_

Temperament\_\_\_\_\_

2. Age\_\_\_\_ Breed\_\_\_\_\_ Sex\_\_\_\_ Licensed\_\_\_\_\_ Vaccinated\_\_\_\_\_

Temperament\_\_\_\_\_

3. Age\_\_\_\_ Breed\_\_\_\_\_ Sex\_\_\_\_ Licensed\_\_\_\_\_ Vaccinated\_\_\_\_\_

Temperament\_\_\_\_\_

Are your pets spayed or neutered? \_\_\_\_\_

\*\*Some cities may require a city license for two or more animals\*\*

Name of vet and phone number \_\_\_\_\_

Additional pets should be listed after “Additional Comments” section.

Have you had other pets in the past five years? \_\_\_\_\_

1. Age\_\_\_\_ Breed\_\_\_\_\_

2. Age\_\_\_\_ Breed\_\_\_\_\_

What happened to them? \_\_\_\_\_

Do you: rent/lease \_\_\_\_\_ or own \_\_\_\_\_.

If you rent, is your lease monthly \_\_\_\_\_ or yearly \_\_\_\_\_.

Name of complex and/or association: \_\_\_\_\_

PET POLICY: please attach a copy \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

Name of Landlord and phone number: \_\_\_\_\_

If you had to move, what would you do with your pet? \_\_\_\_\_

Do you intend to keep this animal inside, outside, or both? \_\_\_\_\_

Do you have a fenced in yard? \_\_\_\_\_

If yes, please explain what type and is the whole yard fenced in?

If there is no fence, please explain how you plan to contain, allow for bathroom breaks, exercise, etc the pet you are adopting? \_\_\_\_\_

Where will this animal sleep at night? \_\_\_\_\_

How many hours per day on average will this animal be left alone? \_\_\_\_\_

Where will this animal stay while you are gone to work, weekend trips, holiday/vacation? \_\_\_\_\_

Are you familiar with animal regulations in your city? \_\_\_\_\_

Are you willing to make a commitment to provide for this animal for its entire life span? \_\_\_\_\_

Do you have a history of human or animal abuse or been convicted of a crime against either? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If you are unable to keep this animal for any reason during its lifetime, we require that you contact Prairie Paws Rescue.

**References**

(a non-relative)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, understand that a home visit may be conducted prior to placement of this animal.

Signature(s): \_\_\_\_\_

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

Staff Signature: \_\_\_\_\_

Additional Comments: