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### Small Animal Adoption Form

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dog Name/Description \_\_\_\_\_ Rabbit ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work \_\_\_\_\_ E-Mail \_\_\_\_\_

**Do you:**  Own  Rent Do you live in:  House  Apartment  Condo  Mobile Home  Other  
 If renting, please provide Landlord Name & Number \_\_\_\_\_

**Children in Household/Visit:**  1-4 yrs  5-8 yrs  9-12 yrs  13 yrs & older  None

**Are you moving within the next year?**  Yes  No If Yes, will you take the animal with you?  Yes  No

**Have you ever relinquished an animal to an animal shelter or individual?**  Yes  No  
 If yes, please explain: \_\_\_\_\_

**Have you adopted any pet(s) from a different shelter?**  Yes  No If yes,  
 Where? \_\_\_\_\_

**Have you ever adopted from the Bea Martin Peck Shelter or Prairie Paws?**  Yes  No  
 If so, when? \_\_\_\_\_

**My animal will be alone for:**  1-4 hours  5-8 hours  9-12 hours  Longer than 12 hours

**Under what circumstances would you not be able to keep the animal?**

Divorce/Separation  New Baby  New Job  Allergies  New Relationship  Illness  Preferring one person over another

**My Pet will primarily live:**  Inside  Outside

**Please tell us about your current pets:** (please list all pets in household)

Name	Breed	Age	Name	Breed	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Have you owned a pet within the last 5 years that is not listed above?**  Yes  No  
 If yes, please list and explain: \_\_\_\_\_

**Are your pets spayed/neutered?**  Yes  No

**Describe the housing you intend to use:** \_\_\_\_\_

Describe the opportunities for exercise the animal will have: \_\_\_\_\_

Describe the companionship of people and other animals that the animal will have: \_\_\_\_\_

Describe the diet you will provide: \_\_\_\_\_

Have you had this type of animal before?  Yes  No

If yes, how long has it been since you have had this type of animal? \_\_\_\_\_

What happened to him/her? \_\_\_\_\_

Do you have a Veterinarian?  Yes  No If yes, please provide Veterinarian information below:

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

Name records are under: \_\_\_\_\_

By signing this application, I attest that all questions were answered truthfully to the best of my knowledge. If the Prairie Paws Animal Shelter finds any discrepancies at any time, this could result in the animal's retrieval or cancellation of the application. I hereby acknowledge that the questions and responses in this application are fully incorporated as set forth within the Adoption Agreement and are a part of the contractual agreement I am voluntarily entering into with the Prairie Paws Animal Shelter.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only	
Vet ✓: _____	Date: __/__/____
Dog: _____ s/n? _____ UTD? _____ HW✓/prev? _____ Cat: _____ s/n? _____ UTD? _____ felv/fiv✓? _____	
Dog: _____ s/n? _____ UTD? _____ HW✓/prev? _____ Cat: _____ s/n? _____ UTD? _____ felv/fiv✓? _____	
Dog: _____ s/n? _____ UTD? _____ HW✓/prev? _____ Cat: _____ s/n? _____ UTD? _____ felv/fiv✓? _____	
Dog: _____ s/n? _____ UTD? _____ HW✓/prev? _____ Cat: _____ s/n? _____ UTD? _____ felv/fiv✓? _____	
Landlord ✓: _____	Date: __/__/____ Ok? _____ Policies? _____
Communications _____	
_____	
_____	
Date: _____	
Initials _____	Approved _____ Denied _____ Reason Denied _____