

ANGEL PAWS ADOPTION CENTER (APAC)
1314 Troy Road, New Iberia, LA 70563

Thank you for your interest in adopting an unwanted/abandoned animal. Our intention is to make the best match between you and your new family member as possible.

Please complete this application in order for us to find the right match for both you and your new pet.

The adoption fee is \$125.00 for dogs and \$100 for cats which helps cover the costs of spay/neuter, veterinary checks and vaccinations and medical treatment as necessary. Our animals are rescues and may have been exposed to contagious diseases including Parvo, Distemper and Heartworm. Every animal has been quarantined for the recommended number of days, examined by a vet, treated for known diseases and appear to be healthy. Despite our best efforts, we cannot guarantee their health.

Date: _____ Name of desired pet: _____ Cat _____ Dog _____

Name: _____ Age: _____

Address: _____

Phone (list all): _____

Email: _____

Place of Employment: _____

Occupation: _____

Work Phone: _____

List all members of your household, including yourself (**PLEASE LIST AGES OF EVERYONE**)

Please list all domestic animals currently living in your household.

Name	Dog/Cat	Breed	Age	Sex	Spayed/Neutered
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How did you acquire your current pets?

Please list all pets you have had in the past 5 years that no longer live with you and where are they now.

Name	Dog/Cat	Breed	Age	Sex	Spayed/Neutered
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Do your current pets live indoors? If not what type of protection for the elements is provided for them: _____

Other information you would like to share about your household:

Why do you want to adopt a pet?

Have you submitted an application with another organization for a pet at this time? ___yes ___no

Have you ever had an application declined for adoption of an animal from an animal welfare group/animal control facility? ___yes ___no If yes explain:

Are you willing to take the time to house train a dog, and do you understand that changing a dog or cat's environment may cause the pet to have accidents? ___ yes ___no

If a behavioral problem arises, what steps will you take to remedy it?

Does any member of the family have any allergies to animals? ___yes ___no

If Yes explain

Describe the kinds of personal situations where you might have to return your adopted pet, i.e., job loss, children, move, marital change, etc.

Who will be responsible for feeding and taking the dog outside?

Who will take care of the pet in the absence of the primary caretaker?

Will you take your dog to obedience training?

List the name and phone number of the Veterinarian where the animals vaccination records are being maintained.

Veterinarian/Animal Hospital name:

Phone: _____

Address: _____

Name of pet: _____ Last date of visit: _____

Under what owner name(s) are records listed:

Other Veterinarians or Clinic your pets may have seen in the last 5 years.

Phone: _____

PLEASE NOTE: You are required to sign below this statement which will authorize your vet to release medical information on any and all pets listed under my name to an Angel Paws

representative. If you do not wish us to contact your vet and obtain medical history on your pets (past and present) we cannot process or approve your application.

What kind of veterinary care do you plan to provide?

The costs of maintaining a physically and emotionally healthy pet can average \$500 or more annually. Have you considered the extra expenses that will come with having a pet, including routine and emergency vet care, food, supplies and equipment, toys, training and boarding? Please explain:

What type of home do you live in? house townhouse duplex condo apt mobile

Do you own or rent your residence? own rent

How long at current address _____

If you rent: Landlord name _____

Landlord phone _____

Prior address (if less than 2 years at current residence)

Prior Landlord's name: _____

Landlord phone _____

Do you have a fenced yard? yes no

What type of fence?

How often will you exercise the dog and for approximately how long? (Dog only)

How many hours will the dog be left unattended (i.e., workday)?(Dog only) _____

When you are home, where will the pet be kept?

Where will the pet sleep?

When no one is home (i.e. at work, shopping), where will the pet stay (be specific)?

How often do you travel? _____

What arrangements will you make for your pet when you travel? _____

If you move, what will you do with the pet?

Have **all adult** family members agreed to adopt a pet?

I have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to answer all questions and sign the application may result in delayed processing of the application. I give APAC permission to verify the information provided as well as contact veterinarians and other listed contacts. If the application passes this review, I understand a home and yard visit may be requested by APAC before an adoption decision is made. In addition, I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received for this animal

Signature(s) _____ Date _____

Printed Full Name(s)

OPT TO ADOPT PLEASE SPAY/NEUTER YOUR PETS

MEDICAL RELEASE AUTHORIZATION

I hereby authorize the vet(s) listed above to release any and all medical information on any and all pets listed under my name for the sole purpose of determining my eligibility to adopt a pet from Angel Paws Adoption Center.

PRINTED NAME: _____

Signature: _____ Date: _____