

**Career Reassignment - Family Pet Application**

**Basic Information:**

**Name:** Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Address:** Click here to enter text. | | | |
| **City:** Click here to enter text. | **State:** Click here to enter text. | | **Zip:** Click here to enter text. |
| **Email Address:** Click here to enter text. | | | |
| **Cell Phone Number:** Click here to enter text. | | **Home Phone Number:** Click here to enter text. | |

**Are you over the age of 21?**  Y /  N

**Are you interested in a young adult dog or a puppy?** Click here to enter text.

**Information About the Applicant’s Home**

|  |  |  |  |
| --- | --- | --- | --- |
| **What type of home does the applicant have?**  Apartment  Condo  House  Other: Click here to enter text. | | **Does the applicant own or rent?**  Own  Rent | |
|  | | | |
| **Is anyone in the home allergic to dogs?**  Yes  No | | | |
|  | | | |
| **If yes, who and what types of dogs?** | | | |
| Click here to enter text. | | | |
|  | | | |
| ***Please include photos of the applicant’s home and yard.*** | | | |
|  | | | |
| **Who else lives in the applicant’s home?** | | | |
| **Name:** Click here to enter text. | **Age:** Click here to enter text. | | **Relationship:** Click here to enter text. |
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| **Name:** Click here to enter text. | **Age:** Click here to enter text. | | **Relationship:** Click here to enter text. |
| **Other:** Click here to enter text. | | | |
|  | | | |
| **Does the applicant have a fenced yard?**  Yes  No | | | |
|  | | | |
| **If no, where does the applicant plan to exercise the dog?** | | | |
| Click here to enter text. | | | |
|  | | | |
| **Does anyone else in the family have a disability?**  Yes  No | | | |
|  | | | |
| **If yes, please explain.** | | | |
| Click here to enter text. | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What other animals live in the applicant’s home?** | | | | |
| **Please list all animal’s types (dog, cat, etc.), ages, and spay/neuter status.** | | | | |
| **Type:** Click here to enter text. | **Age:** Click here to enter text. | | | **Spay/neuter:** Click here to enter text. |
| **Type:** Click here to enter text. | **Age:** Click here to enter text. | | | **Spay/neuter:** Click here to enter text. |
| **Type:** Click here to enter text. | **Age:** Click here to enter text. | | | **Spay/neuter:** Click here to enter text. |
| **Type:** Click here to enter text. | **Age:** Click here to enter text. | | | **Spay/neuter:** Click here to enter text. |
| **Other:** Click here to enter text. | | | | |
|  | | | | |
| **Does the applicant have any other animals that live outside the home/in the yard? If yes, please list.** | | | | |
| Click here to enter text. | | | | |
|  | | | | |
| **Have you ever given away a pet?**  Yes  No | | | | |
|  | | | | |
| **If yes, please explain.** | | | | |
| Click here to enter text. | | | | |
|  | | | | |
| **Does the applicant currently have a veterinarian that they use? If yes, fill in the next four answers:**  Yes  No | | | | |
|  | | | | |
| **Name of Vet:** Click here to enter text. | | | **Name of Clinic:** Click here to enter text. | |
|  | |  | | |
| **Phone Number:** Click here to enter text. | | **May we contact?**  Yes  No | | |
|  | | | | |
| **Has the applicant or anyone in the home ever been convicted of a felony?**  Yes  No | | | | |
|  | | | | |
| **If yes, please explain.** | | | | |
| Click here to enter text. | | | | |
|  | | | | |
| **Has the applicant or anyone in the home been convicted of animal cruelty or neglect by a humane organization?**  Yes  No | | | | |
|  | | | | |
| **If yes, please explain.** | | | | |
| Click here to enter text. | | | | |
|  | | | | |
| **Do you have any strong feelings about traits you like or dislike in a dog?**  Yes  No | | | | |
|  | | | | |
| **If yes, please explain.** | | | | |
| Click here to enter text. | | | | |

**How many hours per day would the dog be left alone?** Click here to enter text.

**Please describe any experience you have with taking care of a dog**: Click here to enter text.

**Please describe any previous dog training experience** Click here to enter text.

**How did you hear about our organization?** Click here to enter text.

**Please list a personal reference:**

**Name: Click here to enter text.**

**Relationship: Click here to enter text.**

**Address: Click here to enter text.**

**Phone Number: Click here to enter text.**

**May we contact?**  **Y /**  **N**

**Paws Giving Independence (PGI)**

**--Waiver—**

By signing this I understand Paws Giving Independence reserves the right to deny an applicant for any reason. I understand Paws Giving Independence does not have to give me a reason for a denial of an animal. In my participation with Paws Giving Independence and Helping Paws I do hereby agree to hold free from any and all liability the Paws Giving Independence/ Helping Paws and its members, board members, staff, volunteers and officers. My family, members of my household and myself wave the rights and claims for damages and injuries, which may come from my connection and participation with PGI. I declare myself to be physically sound to participate with the PGI. I understand PGI can remove a dog from my home at any time due to failure to fulfill these terms, conditions, policies and procedures of Paws Giving Independence. I understand any dog that is placed with me through Paws Giving Independence will legally belong to Paws Giving Independence until adoption paperwork is signed. I understand any dog that is placed in my home will be placed as a family pet and not a working service dog or in home service dog.

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

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

Please send completed form and waiver to: [apply@givingindependence.org](mailto:apply@givingindependence.org)

(or) Paws Giving Independence PO BOX 9572 Peoria, IL 61612-9572