

Palmetto Animal Assisted Life Services

P.O. Box 25679
Columbia, SC 29224
(803) 788-7063



Electronic Released Puppy and Dog Application

You may type your responses on the gray box, and double click check boxes to choose "checked" to show your preference. When finished, save under your name and email it to us or print and mail your responses to us.

Date of Application: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Most Convenient Time and Number to Call: _____

Email Address: _____

Does everyone in your household want a dog? _____

Please check the appropriate characteristics of the dog you want:

GENDER	BREED	If you are considering a lab or cross, select your color choice(s).
<input type="checkbox"/> Male	<input type="checkbox"/> Labrador Retriever	<input type="checkbox"/> Black
<input type="checkbox"/> Female	<input type="checkbox"/> Golden Retriever	<input type="checkbox"/> Yellow
<input type="checkbox"/> Either	<input type="checkbox"/> German Shepherd	<input type="checkbox"/> Black & Tan
	<input type="checkbox"/> Golden/Lab Cross	<input type="checkbox"/> Any color choice
	<input type="checkbox"/> Any breed	<input type="checkbox"/> Do not want a cross

What is your experience with dogs? _____

If you had pets previously, what became of them? _____

Would you consider adopting, at no charge, a dog with a medical problem that may require medication, exercise restriction or other special needs? Yes No

Is anyone in your household allergic to dogs? Yes No

Are you willing to work with a dog that may need further training? Yes No

Are you willing/able to exercise a dog on a daily basis? Yes No

Will the adopted dog be living with a cat(s)? Yes No

Breed: _____ Age: _____ Gender: _____

Please help us match the personality of a released puppy or dog with your family.

Do you have young children in the household or that visit frequently? Yes No

If yes, what are their ages? _____

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Do you have senior citizens in the household or that visit frequently?

Yes No *If yes, what are their ages?* ____ ____ ____

Are there persons with special needs in the household? Yes No

If yes, please explain: _____

Who in the household will have primary responsibility for the care of the dog?

What are you looking for in a dog? (Check all that apply)

<input type="checkbox"/> House companion	<input type="checkbox"/> Hunting dog
<input type="checkbox"/> Children's pet	<input type="checkbox"/> Therapy dog
<input type="checkbox"/> Watchdog	<input type="checkbox"/> Jogging/running
<input type="checkbox"/> Competition obedience	

Additional Comments: _____

Check the characteristics that best describe you and the key people with whom the adopted dog will be living:

- Physically active and strong
- Average activity and strength
- Less active or strong

Will the adopted dog be left alone? Yes No

If yes, for how long at a time? _____

Will the dog be kept on a leash when taken outside, if not in an enclosed area? Yes No

Where will the dog be kept during the day? Yes No

Where will the dog be kept at night? Yes No

How did you hear about our Released Puppy Program? _____

Please provide the name and number of a veterinarian as a reference: _____

Please return to: PAALS
P.O. Box 25679
Columbia, SC 29224
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For more information, please visit our website at www.paals.org or email us at jrogers@paals.org.
If for any reason this adopted animal needs to be removed from your home he/she will be returned to PAALS.

Signature

Date