



SXM PAWS Foundation  
2 Tray Drive, Cay Bay  
St. Maarten  
www.sxmpaws.com

## ADOPTION APPLICATION

In order to adopt a dog from SXM PAWS you must be 18 years old and have the consent of all people living in the house. SXM PAWS reserves the right to refuse this application.

Name (s) \_\_\_\_\_

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

Telephone/home: \_\_\_\_\_ mobile: \_\_\_\_\_

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

Do you own your home? \_\_\_\_\_

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

If no, how do you plan to exercise your dog daily? \_\_\_\_\_  
\_\_\_\_\_

Number of People in the house? \_\_\_\_\_

Relationship: \_\_\_\_\_

Ages of the children in home, if any? \_\_\_\_\_

List all previous and current pets:

Species Age Spayed/Neutered? Indoor/Outdoor? Where are they now?

1.  
\_\_\_\_\_

2.

\_\_\_\_\_

3.

\_\_\_\_\_

Name and Description of the animal you are inquiring about:

\_\_\_\_\_

Will the dog be kept indoors or outside? \_\_\_\_\_

Will the dog be limited to certain areas of the house? If yes, where will they be allowed? \_\_\_\_\_

How many hours per day will the dog be left alone? \_\_\_\_\_

Will you crate the dog? Y / N

If yes, how many hours per day will the dog be in the crate? \_\_\_\_\_

Why do you want a dog (Circle all that apply)?

- \*Companion for self
- \*To breed
- \*Companion for pet
- \*Companion for family member
- \*Security

Do you have a vet that you use? Y / N If yes, please provide the vet's name and phone number: \_\_\_\_\_

- I do commit to treating my dog in St. Maarten/St. Martin or home State/Country for monthly Heartworm prevention and monthly Flea/tick medications plus yearly vaccinations. \_\_\_\_ Y / N
- I agree to pay an adoption fee of US\$ \_\_\_\_\_ on adoption of the pet.
- I do agree to SXM PAWS having the right to check on the pet within the first 6 months of adoption and if pet is in any discomfort or distress, SXM PAWS has the right to take back the pet and cancel this agreement. No refunds will be given.

By signing this application, I certify that the information I have given is true. I understand that SXM PAWS reserves the right to deny this application for any reason and I authorize investigation of all statements in this application.

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

Signature/Date SXM PAWS Representative: \_\_\_\_\_