Adoption form

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 *

Email *

Telephone *

Address *

Street name:

Number

City

Postal code

State/Province/Region

Country

Name and description of the animal in question *

Are you a home owner?

- yes
- no

Do you have a fenced yard? If not, how do you plan to exercise your dog daily? *

What is the number of people in the house? Number of adults (including yourself) and number children, if any *

Relationship?

Ages of the children in home, if any? *

List all previous and current pets: species, age, spayed/neutered, indoor/outdoor, and where are they now? *

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

Why do you want a dog? Companion for you, companion for pet, companion for family member, security, etc. *

REFERENCES - For your consideration, please provide two personal references and your current veterinarian (if you currently have one).

Reference 1

Name *	Email	Telephone

Reference 2

Name	Email	Telephone

Veterinarian *

Name	Email	Telephone

AGREEMENT - 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.

Do you have a vet that you use? 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. *

☐ **I agree**

I do agree to SXM PAWS to sterilize male/female dog at 6 months IF the animal is adopted before such sterilization occurs. *

☐ **I agree**

I agree to pay the US adoption fee. *

☐ **I agree**

I do agree to SXM PAWS having the right to check on the pet within the first 6 months of adoption. 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. *

☐ **I agree**

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. I authorize investigation of all statements in this application. *

☐ **I agree**

Date	Date

Signature of Adoptee *	Signature of SXM Paws Representative

Please make sure you filled out all the fields with an asterisk (little star).

THANK YOU FOR FILLING OUT THE ADOPTION FORM.
WE REALLY APPRECIATE IT!