

## Application to Submit a Pet

(Print a copy and take it to Sue Markell at Barriefield Animal Hospital)

One submission is required per dog that you need a caring, loving, and safe environment due to a deployment or emergency . In the other pertinent information section at end of the form, please let us know if your pets can be placed with different foster home caregivers or desire them to remain together. All attempts will be made to keep your pets together.

Submission of this document is not a guarantee that we can place your beloved pet or pets.

### Military Service Member Pet Owner Information:

Pet Owner Full Name: \_\_\_\_\_

Military ID #: \_\_\_\_\_

Current Address: Street: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Anticipated Departure \_\_\_\_\_

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

Anticipated Return Date: \_\_\_\_\_

### Primary Stateside Point of Contact (POC):

Individual who has been designated with authority to act on your behalf during deployment. Contacting this individual would only be needed if we are unable to reach you via email where we may need to transfer the pet to another foster home caregiver.

POC Full Name: \_\_\_\_\_

Relationship to Pet Owner: \_\_\_\_\_

Current Address: Street: \_\_\_\_\_

City \_\_\_\_\_

Prov: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Pet Information:**

Pet Name: \_\_\_\_\_

Pet Breed/Markings: \_\_\_\_\_

Pet Microchip #: \_\_\_\_\_

Pet is Microchip Co: \_\_\_\_\_

Any Known Allergies : \_\_\_\_\_

Heartworm/Flea/Tick

Prevention: (Type of \_\_\_\_\_  
Product)

Current Living

Environment (apt, home): \_\_\_\_\_

Good with Other Animals: \_\_\_\_\_

If 'No' explain details : \_\_\_\_\_

Good with Young Children: \_\_\_\_\_

If 'No', explain details: \_\_\_\_\_

Housetrained: \_\_\_\_\_

Any concerns/habits: \_\_\_\_\_

Crate Trained: \_\_\_\_\_

Under what circumstances  
may the animal exhibit  
aggressive, passive, or  
fearful behavior: \_\_\_\_\_

Favorite Games/Toys: \_\_\_\_\_

Where does pet sleep: \_\_\_\_\_

Has the animal bitten or  
scratched anyone within \_\_\_\_\_  
last 10 days:

Does your animal jump  
fences: \_\_\_\_\_

Is your animal leashed  
trained: \_\_\_\_\_

Has your animal had any  
obedience training: \_\_\_\_\_

Does your animal know  
any tricks or commands: \_\_\_\_\_

Type of Food: \_\_\_\_\_

Amount Fed and When: \_\_\_\_\_

Type of Preferred Treats: \_\_\_\_\_

Any Food Sensitivities: \_\_\_\_\_

Exercise - Walking

Schedule: \_\_\_\_\_

Does your pet need  
regular grooming (Canine Only) \_\_\_\_\_

Is your pet currently on  
any medications: \_\_\_\_\_

If Yes-Details from  
previous veterinarian: \_\_\_\_\_

Medications estimated  
costs: \_\_\_\_\_

Veterinary Estimated  
Costs: \_\_\_\_\_

Other pertinent information about your pet or additional information pertaining to the information requested above, please provide below, so that we may best match your beloved pet with a caring, loving, and safe environment during a deployment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My full name entered below indicates that I have provided full details about my beloved pet and understand that Paws for Deployment will assist me in locating a caring, loving, and safe environment for my pet to the best of their ability.

Submitter's Full Name: \_\_\_\_\_

Date Submitted (mo/day/year): \_\_\_\_\_

**Confidentiality:** Any personal information provided to our organization is not shared outside of the Paws for Deployment organization. Your name, telephone number and email address is only shared with a foster home caregiver upon your permission to do so.

Paws for Deployment Representative \_\_\_\_\_

Date Signed (mo/day/year): \_\_\_\_\_