



# ADOPTION APPLICATION

Date: \_\_\_\_\_ Animal: \_\_\_\_\_ Case: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Reason(s) why you are considering adoption. Please be specific: \_\_\_\_\_

I live in a:  HOUSE  APARTMENT  CONDO  MOBILE HOME

Status:  OWN  RENT

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you suddenly had to give up this pet for any reason, what would you do with this animal? \_\_\_\_\_

What will happen to this pet when you go on vacation or in case of emergency? \_\_\_\_\_

How many hours a day will this pet be left alone? \_\_\_\_\_ Where will it be kept? \_\_\_\_\_

Who, primarily, will be responsible for this pet? \_\_\_\_\_

Where will this pet be kept during the day? \_\_\_\_\_; The Night? \_\_\_\_\_

If your new pet were to become seriously injured ill or injured and needed expensive veterinary care, what would you do? \_\_\_\_\_

Who will be the veterinarian for this animal? \_\_\_\_\_

To feed, vaccinate, and provide medical care for this animal, what do expect to pay each year? \_\_\_\_\_

How do you feel about having this pet spayed or neutered? \_\_\_\_\_ Why? \_\_\_\_\_

Name all adults in household(over 18) \_\_\_\_\_

# of children(17 & under) \_\_\_\_\_ (list ages/names) \_\_\_\_\_

Does anyone in your household have allergies to animals? \_\_\_\_\_

What will you do if the new pet doesn't get along with your present pet(s)? \_\_\_\_\_

Have you ever had to turn an animal over to an animal shelter? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Are you familiar with the animal control laws regarding licenses? \_\_\_\_\_; Leash Requirements? \_\_\_\_\_

Please provide the following information for all pets you currently own or have owned in the past five years (cats and dogs):

NAME	BREED	AGE	SEX	SPAYED/ NEUTERED?	HOW LONG DID YOU OWN?	WHAT HAPPENED TO THIS PET?

Are you aware that when you adopt an animal, you are taking responsibility for the lifetime of the animal, which may be 20 years? \_\_\_\_\_

**Dogs Only**

How will this dog be confined to your property? \_\_\_\_\_

If you have a fenced yard, type of fence: \_\_\_\_\_ Height: \_\_\_\_\_

How will you exercise this dog? \_\_\_\_\_

If you own a pick-up truck, will your dog ride in the back? \_\_\_\_\_

**Cats Only**

Do you plan to have your cat de-clawed? \_\_\_\_\_. Do you know there are other options? \_\_\_\_\_

By signing below, I certify that the information I have provided is true and that any misrepresentation of facts may result in my losing adoption privileges with Clatsop County. **Also by signing below I agree to bring the animal back to the shelter if it can no longer remain with me. I also realize that there are NO REFUNDS on adoptions.**

**-NOTE: THERE ARE NO REFUNDS-**

This questionnaire will be reviewed by an adoption assistant before the adoption is approved. Thank you!

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

**Please save to your computer. Click here to submit by email.**

**OFFICE USE ONLY**

Date Application Accepted: \_\_\_\_\_ Time: \_\_\_\_\_ Application Approved By: \_\_\_\_\_

Home Inspection: \_\_\_\_\_ Inspection Time/Date \_\_\_\_\_ Inspector \_\_\_\_\_

Landlord Approval: \_\_\_\_\_ Vet Appointment Date: \_\_\_\_\_

Notes: \_\_\_\_\_