



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 (circle one): *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? _____

How many people in your household? _____ # of children (please list ages of children) _____

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 when you adopt an animal that you are taking on the responsibility for animal's lifetime, which may be up to 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 _____

OFFICE USE ONLY

Date Application Accepted: _____ Time: _____ Application Approved By: _____

Home Inspection: _____ Vet Appt Date: _____ Vet _____

Landlord Approval: _____ Inspection Date: _____ Time _____

Notes: _____