



# Oregon Coast Humane Society

## Application for Cat Adoption/Foster

STAFF INITIALS \_\_\_\_\_

Approved \_\_\_\_\_

### Animal Information

<input type="checkbox"/> FOSTER <input type="checkbox"/> ADOPT	Dog Name:	Date:
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Where did you hear about this animal?

### Applicant Information

Name:

Email Address:

Are you 21 or older?  YES  NO

Phone:

Driver's License #:

Mailing/Physical address:

City:

State:

ZIP Code:

Occupation:

### Household Information

 OWN  RENTDoes your lease allow pets?  YES  NO

Landlord name:

Phone:

Home type:  HOUSE  APARTMENT  MOBILE HOME  DUPLEX  TOWNHOUSE  OTHER:Do you have a completely fenced yard?  YES  NO

Fence Height:

Fence Size: \_\_\_\_\_ x \_\_\_\_\_

Fence type:  CHAINLINK  WOOD  OTHER:Is there shelter?  YES  NO

If there is no yard, please describe how you plan to exercise your dog and how often:

How many people live in your household?

Ages of children under 18:

Is everyone in your household in favor of adopting this pet?  YES  NO Is anyone in your household allergic to dogs?  YES  NO

### Current Pets

 DOG  CAT  OTHER:

Breed:

Age:

 Male  FemaleFIXED?  YES  NO DOG  CAT  OTHER:

Breed:

Age:

 Male  FemaleFIXED?  YES  NO DOG  CAT  OTHER:

Breed:

Age:

 Male  FemaleFIXED?  YES  NOAre ALL pets currently in your home up to date on vaccinations and licensed in the county you reside in?  YES  NO

### History

Have you ever adopted an animal from Oregon Coast Humane Society?  YES  NOHave you ever relinquished an animal to this or any shelter?  YES  NO

What is the name of your regular veterinarian?

Phone:

City:

State:

ZIP Code:

Do we have your permission to contact your regular veterinarian as a reference?  YES  NO

## Lifestyle Information

Why are you adopting a dog? Check all that apply:  COMPANION FOR SELF  COMPANION FOR PET  COMPANION FOR CHILD  
 GUARD DOG  HUNTING DOG  OTHER:

On a normal day, how many hours will your dog be alone?

Where will they be during this time?

Where will your pet sleep?

Will your dog primarily be an indoor or outdoor pet?  INDOOR  OUTDOOR

Approximately how many hours will your pet be outside?

What is the activity level in your home?  LOW  MEDIUM  HIGH

Describe your training plan for this dog:

Under what circumstances would you return a pet to the shelter?

How much do you think it will cost each month to provide the necessary medical care, dietary needs, and overall welfare for this dog?

## Review

If the shelter deems it necessary, do you agree to participate in a home visit prior to adoption?  YES  NO

Have you reviewed the Oregon Coast Humane Society adoption policies?  YES  NO

Do you verify that you have reviewed the information provided on this form and that it is correct?  YES  NO

Do you want/need additional information on how to train your dog?  YES  NO

Oregon Coast Humane Society wishes to place each of our pets into permanent, caring, and responsible homes. Your completion of this form does not guarantee that your application will be approved. Pets are always placed in homes that are compatible with their needs and personalities.

Do you understand and agree that Oregon Coast Humane Society has the right to deny any application, for any reason, regardless of your relationship with the shelter?  YES  NO

## Signature

Date: