



Bonnie L. Hays Small Animal Shelter

Adoption Application



Last Name: _____

<p>Thank you for considering adopting a pet from the Bonnie L. Hays Small Animal Shelter. Please fill out this application if you wish to view and adopt a pet. You must be at least 18 years old to adopt. This application is used as a tool to help find the best possible home for the animals, and to reduce the number of pets returned. Once your application has been processed, we will be happy to show you an animal.</p>	<p style="text-align: right;">Office Use</p> <p>Animal ID #</p> <p>Cham <input type="checkbox"/></p>
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Date:	If you adopted before, from where?	Bonnie L. Hays Shelter <input type="checkbox"/>	Multnomah Co. <input type="checkbox"/>
		Oregon Humane Society <input type="checkbox"/>	Other _____

Please Complete (Print Clearly) Both Sides Of This Application

Applicant Name	Phone #1: _____ Phone #2: _____		
Co-Applicant Name	Phone #1: _____ Phone #2: _____		
Email Address:	_____		
Applicant Address:	Any family members have allergies to animals? Yes <input type="checkbox"/> No <input type="checkbox"/>		
City	State	Zip	County
How long have you lived at this address? Years: _____ Months: _____	Do you plan to move soon?	I live in (circle one): House Apartment Mobile Home Other	(circle one): Own Rent Live with relatives
Property manager's name	Apartment Complex Name		Phone number
Number of adults in the household?	No. & ages of children in the home?		

List all pets currently in your household

Animal/Breed?	Sex	Spayed or Neutered	Age of Pet	Indoors, Outdoors or Both? (Circle One)	Current Vaccinations?	Where did you get this pet?
		Yes No		Indoors Outdoors Both	Yes No	
		Yes No		Indoors Outdoors Both	Yes No	
		Yes No		Indoors Outdoors Both	Yes No	
		Yes No		Indoors Outdoors Both	Yes No	

Your Veterinarian	Phone Number	Comments:
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List pets that you have previously owned in the last 2 years

Animal/Breed?	Age	Spayed or neutered?	How long owned?	Office use only:
		Yes No		
		Yes No		
		Yes No		

First _____

Phone: _____

Date _____

Why do you want to adopt a pet?	
What kind of pet are you looking for?	
Who will be the primary care giver of this pet?	
Does the whole family agree to this adoption?	Would you object to an inspection of your premises by our staff?
Who are you adopting for (circle those that apply)? Yourself Relative Friend Pet Other	How much do you expect to spend yearly on a pet you adopt? \$ _____
If you are planning to adopt a cat or kitten, do you plan to declaw it? No ___ Yes ___ Please explain if yes:	
How will you confine your new pet to your property? (circle one) Fence Dog run Trolley Stake in ground Other explain:	
If the adopted pet became destructive, what would you do?	
Under what circumstances would you not keep this pet?	
The pet will be : (circle one) Indoors Only Outdoors Only In/Out Don't Know Yet	Where will the pet be kept when home alone?

Policy on Returns and Transfer of Ownership

Return: A refund of the adoption fee will be offered **if the animal is returned to us within 30 days.** (If animal is deceased during that time, medical records must be provided).

Transfer of Ownership: If you are no longer able to keep this pet, you agree to call the Washington County Animal Services & Bonnie L. Hays Small Animal Shelter with information on the new pet owner (or bring the animal back to this shelter). As the owner, you are required to give us the new owner's name, address and phone numbers and microchip number. You will remain the owner of record until you give us the new owner information.

I certify that all the above information is true. I also understand that giving false information on this application can result in the denial of my application for adoption. I agree to sign and abide the adoption agreement.

Signature: _____ Date: _____

(This form remains with the Bonnie L. Hays Small Animal Shelter. You may have a copy of your completed form upon request.)

Office Use Only

Adopted: Dog Cat Other _____ Date: _____
Record ID # _____ Microchip # _____ Name: _____ Breed: _____

Comments:

Shots Chip Rabies Certificate Go Home Fee