



## ANIMAL ADOPTION APPLICATION

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

Phone Number: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at your current address: \_\_\_\_\_

Do you: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Live with Relatives (Circle one)

How many adults live in the household? \_\_\_\_\_

How Many children live in the household? \_\_\_\_\_ What are their ages? \_\_\_\_\_

How much money do you expect to spend on this pet each year? \_\_\_\_\_

Who are you adopting this pet for? \_\_\_\_\_ Yourself \_\_\_\_\_ Relative \_\_\_\_\_ Friend \_\_\_\_\_ Other

	Name of Pet	Sex	Spay/Neuter		Age	Indoor	Outdoor	Current Vaccinations
1.	_____	M F	Yes	No	_____	Yes	Yes	_____
2.	_____	M F	Yes	No	_____	Yes	Yes	_____
3.	_____	M F	Yes	No	_____	Yes	Yes	_____
4.	_____	M F	Yes	No	_____	Yes	Yes	_____
5.	_____	M F	Yes	No	_____	Yes	Yes	_____

***The Pioneer Humane Society strongly recommends spaying and neutering!!!***

Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Animal being adopted: \_\_\_\_\_ M/F: \_\_\_\_\_ Age: \_\_\_\_\_

How will you confine your new pet to your property? \_\_\_\_\_ Fence \_\_\_\_\_ Dog Run \_\_\_\_\_ Trolley  
 \_\_\_\_\_ Stake in Ground \_\_\_\_\_ Other

This pet will be: \_\_\_\_\_ Indoors Only \_\_\_\_\_ In/Out \_\_\_\_\_ Outdoors Only \_\_\_\_\_ Don't know yet

Where will the pet be kept during the day? \_\_\_\_\_

Where will the pet be kept during the night? \_\_\_\_\_

Please give two references of people who would know how to contact you if your phone was disconnected or you had to move.

Name, Address, Phone, Relationship:

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

IF THERE IS ANY PROBLEM AT ALL WITH THIS ANIMAL  
PLEASE CONTACT US AT: **(541) 276-0181** or toll free at: **1-866-486-2631**.  
WE WILL ATTEMPT TO FIND A NEW SHELTER HOME FOR  
THE ANIMAL SO WE CAN TAKE IT BACK.

**I certify that the above information is true and correct.**

I understand that giving false information on this application is grounds for denying my application. This application is CONFIDENTIAL and remains the property of the Pioneer Humane Society. I understand and agree to the Pioneer Humane Society, at their discretion, performing a home check relating to this adoption. I hereby authorize release/disclosure of records and/or other information concerning all of the above inquiries, including but not limited to tenancy information and veterinary records.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License ID#: \_\_\_\_\_ Issue Date: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED? \_\_\_\_\_ DATE: \_\_\_\_\_

CHARGES: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED? \_\_\_\_\_ DATE: \_\_\_\_\_

CHARGES: \_\_\_\_\_

**Release of Liability:** I fully understand that as a result of adopting an animal carries a risk of injury, and that it is possible that I may be bitten, scratched, and/or otherwise injured. My signature to this application attests to my intent to hold harmless and release from all liability PHS, its agents and assigns, from all acts which are related to normal risks associated with the adoption of an animal.

.....

Signature \_\_\_\_\_

**Photo Release:** I agree to allow picture of myself (or my child, if applicant is under 18) to be used, without compensation, for the purpose of promotion and publicity related to PHS.

.....

**Signature (PARENTS' SIGNATURE IF UNDER 18):** \_\_\_\_\_

**Advisory:** You are strongly urged to have a current tetanus vaccination to protect yourself should you be cut, scratched or otherwise injured in such a way that tetanus infection could threaten your health.

**Initial (PARENTS' INITIAL IF UNDER 18):** \_\_\_\_\_

.....

**OFFICE USE**

Reviewed by: \_\_\_\_\_

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

Driver's license or other formal ID Verified: Y / N

Comments: \_\_\_\_\_

\_\_\_\_\_

Membership Status:

Existing

New

Will Join

\*\*\* Final Approval \*\*\*

YES / PENDING / DENIED

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

Follow Up Call Date: \_\_\_\_\_ By whom: \_\_\_\_\_

Animal Returned Date: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_