



Animal of interest: \_\_\_\_\_  
 Adoption Counselor Name: \_\_\_\_\_ Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_  
 Adoption Site (circle one) Petco B PetSmart \_\_\_\_\_  
 PetPros InBark Other Location \_\_\_\_\_

## Adoption Application

Thank you for considering adopting a pet from Oregon Friends of Shelter Animals. Please complete this application completely & accurately. It is used as a tool to help find the best possible home for our animals. While OFOSA discloses important animal illnesses, injuries & behaviors known to us, the pet's health and temperament are not guaranteed.

Name (First)		(Last)		(Spouse)	Date
Address			City	State	Zip
Home Phone	Alternate Phone		Email Address		
How long have you lived at this address?		Years ____ Months ____		Do you plan to move soon? Yes <input type="checkbox"/> No <input type="checkbox"/>	
I live in		Circle one → Home Apartment Other		Circle one → Own Rent Live with relatives	
Employer	Number of adults in the household?		Number and ages of children in the household?		
Landlord/Management Company's Name?			Phone Number?		
Does your landlord allow pets? Yes <input type="checkbox"/> No <input type="checkbox"/>			Do you need permission to have a pet? Yes <input type="checkbox"/> No <input type="checkbox"/>		

### List all pets currently in your household

Animal/ Breed	Sex	Spayed or Neutered	Age of Pet	Indoors, Outdoors or Both? (circle one)	Current on vaccinations?	Where did you get this pet?
		Yes No		Indoors Outdoors Both	Yes No	
		Yes No		Indoors Outdoors Both	Yes No	

Veterinarian/ Clinic Name		How did you hear about OFOSA? (circle one)			
		Pet store	Ad in paper?	Online Pet search	Friend
Does the whole family agree to this adoption?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Who are you adopting this animal for?		Relative <input type="checkbox"/>	Friend <input type="checkbox"/>	Yourself <input type="checkbox"/>	Pet <input type="checkbox"/> Other <input type="checkbox"/>
Would you object to an inspection of your home by our staff?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
This pet will spend most of its time: circle one → Indoors only Outdoors only In/Out Don't know yet					
How much do you expect to spend <u>yearly</u> on a pet? \$					
If the adopted pet became destructive (i.e.: clawed/chewed your couch), what would you do?					
Under what circumstances would you not keep this pet?					
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 by the adoption agreement.					
Signature			Driver's License/ID #		