



# Humane Society of Central Oregon

61170 SE 27th Street ~ Bend OR 97702 ~ 541.382.3537 ~ Fax: 541.312.8916

## Adoption Questionnaire

Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Animal interested in adopting \_\_\_\_\_

Staff Use Only:  
24 hr hold: date \_\_\_\_\_ time \_\_\_\_\_ 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

Name: First \_\_\_\_\_ Last \_\_\_\_\_ Birthdate \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you ever adopted from a Humane Society before? \_\_\_\_ Yes \_\_\_\_ No

If yes, how long ago? \_\_\_\_\_ Do you still have the animal? \_\_\_\_ Yes \_\_\_\_ No

Please tell us why you wish to adopt this animal? \_\_\_\_\_

Do you currently own any pets? If YES, please list and circle information:

Type of Animal & Age	Sex: M or F	Spayed or Neutered?	Primarily Inside or Outside?
a. _____	Male Female	yes no	Inside Outside In & Out
b. _____	Male Female	yes no	Inside Outside In & Out
c. _____	Male Female	yes no	Inside Outside In & Out
d. _____	Male Female	yes no	Inside Outside In & Out

List type(s) of animals you have owned in the past five years and what has happened to them:

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

Have you ever taken an animal to a shelter? \_\_\_\_ Yes \_\_\_\_ No

If yes, Where? \_\_\_\_\_ Why? \_\_\_\_\_

I live in a \_\_\_\_ House \_\_\_\_ Apartment \_\_\_\_ Mobile Home \_\_\_\_ Condo Other: \_\_\_\_\_

I \_\_\_\_ Own \_\_\_\_ Rent my residence.

Name of Landlord/Co \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_

How long do you expect to live at your present address? \_\_\_\_\_

If you move, what will you do with this animal? \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

Do you live with \_\_\_\_ Parents \_\_\_\_ Spouse \_\_\_\_ Roommate(s) \_\_\_\_ Children \_\_\_\_ Alone

What are the ages of the children? \_\_\_\_ Do children visit often? \_\_\_\_ Yes \_\_\_\_ No

Does anyone in your household have allergies to animals? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_

Continued on Reverse ↗

Do you believe spaying and neutering of animals is important?  Yes  No

Do you plan to have this animal spayed or neutered?  Yes  No  Has Been Spayed/Neutered

Why or why not? \_\_\_\_\_

How do you feel about de-clawing cats? \_\_\_\_\_

Will this animal be  Inside Only  Inside & Outside  Outside Only

How many hours a day will this animal have human companionship? \_\_\_\_\_ hours

Where will this animal be kept during the day? \_\_\_\_\_ night \_\_\_\_\_

While you are not at home \_\_\_\_\_

Who will be responsible for the care of this animal? \_\_\_\_\_

How much do you estimate you will spend on this animal per month? \$ \_\_\_\_\_

How will you handle unacceptable behavior? \_\_\_\_\_

Do your neighbors own livestock, farm or exotic animals?  Yes  No

Do you have a fenced yard?  Yes  No

If yes, what type of fence? \_\_\_\_\_ Height \_\_\_\_\_

If your yard is not fenced, how do you plan to exercise, allow it to relieve itself and keep it confined?

Where do you plan to keep the litter box? \_\_\_\_\_

What influenced your decision to adopt an animal from the Humane Society of Central Oregon?

Word of Mouth  Humane Society Brochure  Adopted from an Animal Shelter before  
 Off-Site Adoption  Website  Community event booth  
 Pet of the Week ad:  TV  Newspaper  Radio  Website  
 Other \_\_\_\_\_

*I certify that the information I have provided is true and understand that any false information will nullify the adoption. I agree to a pre/post home inspection by a Humane Society representative. The Humane Society of Central Oregon reserves the right to refuse any adoption.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for completing this questionnaire.  
Please return it to a Humane Society of Central Oregon Adoption Counselor or Representative.  
Your application will be kept on file for a month.**

Adoption Staff Only:	
ASR OK	<input type="checkbox"/> YES <input type="checkbox"/> NO
LL/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADO Approved	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> HOLD HSCO Rep _____ Date _____
Conditions to be met before adoption: _____	
Comments: _____	
Photo ID check <input type="checkbox"/> yes <input type="checkbox"/> no # _____	