



# Adoption Application for Cat Dog

Animal Aid, Inc.

Have you already spoken to an Animal Aid Adoption Counselor?  Yes  No  
 If Yes, who and when:

Mail to: PO Box 863 Beaverton Oregon 97075-0863  
 FAX to: 503-296-4957

How did you hear about Animal Aid?

**Date Received:**

## How can we reach you?

Name	Yr of birth (you must be 18 or older)	Home Phone	Work Phone (if we may contact you there)
Street Address (include Apt #)		Home Email	Work Email (if we may contact you there)
		Cell Phone	Other
City, State Zip Code		Your Employer	

## Tell us about your decision to adopt

Why are you considering adopting?

Describe the type of pet (**personality, energy-level, size, quantity**) that you think would best fit your life:

Are you interested in a specific pet? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is its name? How did you learn about it?	Are you adopting this pet for yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:
Do you have a breed / color preference? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:	Age preference? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Preferred Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Either	
Have you ever had one of your cats declawed? <input type="checkbox"/> Yes <input type="checkbox"/> No If you adopt a cat, do you intend to declaw it? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes, why?	How many hours a day will your new pet be left alone?

## Tell us about your household

Are there children living in your home, or who visit regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what are their ages?	What adults share your home?
Does anyone in the household have animal-related allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what steps will you take?	
Is everyone in your household in favor of adopting a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, how will you deal with this?	

## Tell us about where you live

Is your residence a: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other:	Do you plan to move soon? <input type="checkbox"/> Yes <input type="checkbox"/> No If you move will your pet go with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, where will it go?
Do you: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with family <input type="checkbox"/> Other:	How long have you lived at your current address? Years                      Months
<b>RENTERS ONLY</b> Apt Complex / Mgr or Landlord name: Mgr. Contact Phone	What is the Pet Policy concerning the allowed <b>number</b> and <b>type</b> of pets? Pet deposit amount:                      Pet Deposit Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your home, yard, and neighborhood	
Do you have a pet door? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where will your new pet stay during the day?
	At night?

Date Received:

Applicant Name:

Tell us about all pets that are currently part of your household		Age	Sex	Altered?	Vaccinations Current?	Microchip or Tattoo?	Licensed?	Where does this pet stay?
Type	Name	Now						<input type="checkbox"/> Indoors / Outdoors <input type="checkbox"/> Outdoors only <input type="checkbox"/> Indoors only
How did you acquire this pet?		Then						
Type	Name	Now						<input type="checkbox"/> Indoors / Outdoors <input type="checkbox"/> Outdoors only <input type="checkbox"/> Indoors only
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Type	Name	Now						<input type="checkbox"/> Indoors / Outdoors <input type="checkbox"/> Outdoors only <input type="checkbox"/> Indoors only
How did you acquire this pet?		Then						
What brand / type of pet food do you use?								
How many litter boxes do you have, and where are they placed?								
Describe how your current pets interact with each other:								

What other pets have you had in the last five years? (Use an additional page if you need to)				
Type of pet	Name	How long did you have it?	What happened to it? Year?	How old was it at the time?

**Date Received:**

**Applicant Name:**

<b>Planning ahead</b>		
How would you introduce a new animal to your family and current pets?		
How will you confine your pet to your property?		
Describe how your pet will be cared for if you are away for more than a day:		
How would you handle problem behavior (aggression, destructive behavior, marking) on the part of a pet?		
Name some reasons that might cause you to give up your pet:		
If you become disabled or are no longer able to care for the pet, who will take care of it? What plans have you made?		
How much money per year do you anticipate spending on this pet?	Are you willing to go to the expense and time of taking your new pet to a veterinarian for full preventative and medical care at least once a year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you object to a follow-up visit from our representative to see how the pet is doing in its new home? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Who handles your pets' medical needs?</b>		
<b>Veterinarian</b>	<b>Clinic Name / Address</b>	<b>Contact Phone</b>
Are any of your pets currently under treatment / taking medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Has a pet died on your premises of distemper, leukemia, parvo, or unknown causes in the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Have your other cats <b>tested negative</b> for feline leukemia and feline AIDS (FeLV/FIV)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not tested		

<b>References – professional or personal (non-relative) preferred</b>			
<b>Name</b>	<b>Years Known</b>	<b>Relationship</b>	<b>Contact Phone</b>

I attest that the above information is accurate and give Animal Aid, Inc. permission to verify any of the above. I understand that giving false information is grounds for denying my application.

Signed \_\_\_\_\_

Date \_\_\_\_\_

*Note: Applicant must be at least 18 years of age to sign an adoption contract*