



Adoption Application for a Dog Cat

Animal Aid, Inc.
www.animalaidpdx.org

Have you already spoken to an Animal Aid Adoption Counselor?

Email: contact@animalaidpdx.org

If Yes, who and when:

Mail to: 5335 SW 42nd Ave, Portland, Oregon 97221

How did you hear about Animal Aid?

Have you ever adopted or applied to adopt an animal from Animal Aid?

Fax to: 503-296-4957

HOW CAN WE REACH YOU?

Date Submitted:

Name(s)	What is your age?	Home Phone	Work Phone (if we may call it)
Street Address (include Apt #)		Home Email	Work Email (if we may use it)
		Cell Phone	Other
City, State Zip Code		Your Employer and occupation	

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? If Yes, what is its name and how did you learn about it?	Are you adopting this pet for yourself? If No, please explain:	
Do you have a breed / color preference? If Yes, please describe:	Age preference? If yes, please describe:	Preferred Sex
Have you ever had one of your cats declawed? If you adopt a cat, do you intend to declaw it? If you answered Yes to either of the above questions, why?		How many hours a day or how many days due to travel will your new pet be left alone?

TELL US ABOUT YOUR HOUSEHOLD

Are there children living in your home, or who visit regularly? If Yes, what are their ages?	Please list the names and relationships of adults in home.
Does anyone in the household have animal-related allergies? If Yes, what steps will you take?	
Is everyone in your household in favor of adopting a pet? If No, how will you deal with this?	

TELL US ABOUT WHERE YOU LIVE

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

Applicant Name:

TELL US ABOUT ALL PETS THAT ARE CURRENTLY PART OF YOUR HOUSEHOLD

Breed	Name	Age Now	Sex Neutered/Spayed?	Microchip/Tattoo? Licensed?
How did you acquire this pet?		Age Then	Vaccinations Current? Tested neg for FeLV/FIV? Declawed?	Where does this pet stay?
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If you need to list additional pets, please list on a separate document.

WHAT OTHER PETS HAVE YOU HAD IN THE LAST FIVE YEARS?

Breed	Name	How long did you have it?	What happened to it? Year?	How old was it at the time?

If you need to list additional pets, please list on a separate document.

What brand/type of food have you fed your current or past animals? What brand/type of food do you plan to feed the animal you are adopting?

How many litter boxes do you or did you have and where are/were they placed? How many litter boxes and where do you plan to have in your home for this cat?

Describe how your current pets interact with each other:

Applicant Name: _____

PLANNING AHEAD

Describe your home, yard, and neighborhood	Do you have a pet door? If yes, where does it go to?
Where will your new pet stay during the day?	At night?
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 unable to care for your pet due to life changes, finances or disability, 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?
Would you object to a follow-up visit from our representative to see how the pet is doing in its new home?	

Please list all the veterinarians (local and out of area) who have cared for your animals in the past 5 years.

Veterinarian	Clinic Name / Address	Contact Phone
Are any of your pets currently under treatment / taking medications? If yes, please describe:		
Has one of your pets or any animal in your care died of distemper, leukemia, parvo, FIP or unknown causes in the last 6 months?		

REFERENCES – PROFESSIONAL OR PERSONAL (NON-FAMILY PREFERRED)

Name	Years Known	Relationship	Contact Phone

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: Applications submitted via email may be signed later during the interview process.
Note: Applicant must be at least 21 years of age to sign an adoption contract*