



Humane Society of Central Oregon

61170 SE 27th Street ~ Bend OR 97702 ~ 541.382.3537 ~ info@hsc.org ~ Fax: 541.312.8916

Adoption Questionnaire

Date ____ - ____ - ____

Animal interested in adopting _____

Staff Use Only:
24 hr hold: date _____ time _____ 1st 2nd 3rd

Name: First _____ Last _____ Birthdate ____ - ____ - ____

Street Address _____ City _____ Zip _____

Mailing 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 YES NO

LL/A YES NO

PET PT OK YES NO

ADO Approved YES NO HOLD HSCO Rep _____ Date _____

Conditions to be met before adoption: _____

Comments: _____

Photo ID check yes no # _____