



Oregon Outback Humane Society

P.O Box 206, Lakeview, OR 97630, 541-947-5009

Adoption Questionnaire

Date: ____ - ____ - ____ Animal interested in adopting _____

Name (First, Last): _____ Birthdate ____ - ____ - ____

Street Address _____ City _____ St _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____ ID Used _____

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 other pets? If YES, please list and circle information:

	<u>Type of animal & Age</u>	<u>Gender</u>	<u>Spayed/Neutered</u>	<u>Primarily Inside or Outside?</u>
a.	_____	M F	Yes No	Inside Outside In & Out
b.	_____	M F	Yes No	Inside Outside In & Out
c.	_____	M F	Yes No	Inside Outside In & Out
d.	_____	M F	Yes No	Inside Outside In & Out

List types of animals you have owned in the past five years and what has happened to them:

Have you ever taken an animal to an animal 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/Rental Co. _____ Phone _____

How long have you lived at your present address? _____

How long to 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 ___ Roommates ___ 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 _____

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

Will this animal be ___ Inside Only ___ Outside Only ___ Inside/Outside

How many hours a day will this animal have human companionship? _____ hours
Where will the animal be kept during the day? _____ at 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? _____

Where do you plan on keeping the litter box? _____

What influenced your decision to adopt an animal from Oregon Outback Humane Society?

____ Adopted from an animal shelter before
____ Community event booth ____ Humane Society brochure ____ Newspaper
____ Off site adoption ____ Pet of the week ad ____ TV
____ Website ____ Word of mouth

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. Oregon Outback Humane Society reserves the right to refuse any adoption.

Signature _____ **Date** _____

Date of inspection : _____ Location: _____ By: _____

Inspection Waived-Reason: _____

Staff comments: _____

Approved as Adoptive Home for (please be specific) _____