



## Olympic Peninsula Humane Society

2105 W. Hwy. 101, Port Angeles, WA 98363 · Business (360) 457-8206 · Fax (360) 452-4157 · www.cchumane.com

### ADOPTION APPLICATION

Thank you for visiting the Olympic Peninsula Humane Society. This questionnaire will help us to help you select the right pet for your particular lifestyle.

Adoption fee includes first vaccination, surgical sterilization, free health examination certificate, rabies vaccination and a microchip with local and national registration.

If you have any questions regarding the animals available at the shelter or about our adoption policies, shelter personnel will be glad to assist you.

At the time of adoption you will be issued a free health examination certificate good at many veterinary offices on the North Olympic Peninsula. Please use this certificate within 3 business days of your adoption. If the animal is determined to be ill by the veterinarian during this period, you may return him or her to the shelter for a full refund. Failure to use this certificate could result in forfeiture of the opportunity for refund. You may choose to treat any illness found; however, OPHS will not be responsible for any veterinary charges.

Applications are kept on file for 60 days.

Name: \_\_\_\_\_ Phone#: Home \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Do you live in a:  House  Apartment  Mobile Home  
 Condo  Duplex  With Parent/Relative Other \_\_\_\_\_

2. Do you:  OWN  RENT

3. Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

4. How long have you lived at your current residence? \_\_\_\_\_ Do you plan on moving within the next 6 months? \_\_\_\_\_

5. If you move in the future what will you do with your pet? \_\_\_\_\_

6. How many adults live in the home? \_\_\_\_\_ How many children? \_\_\_\_\_ Children's ages: \_\_\_\_\_

7. Who will be responsible for the pet? \_\_\_\_\_

8. Why are you adopting this pet? Check all that apply.

My companionship  Family companionship  Gift  Watch Dog  Hunting  Mouser  Breeding  
Other? \_\_\_\_\_

9. Have you adopted an animal from us before? \_\_\_\_\_ When? \_\_\_\_\_ Do you still have the animal? \_\_\_\_\_

If not, what happened to the animal? \_\_\_\_\_

10. Do you have a fenced yard? \_\_\_\_\_ What type of fencing? \_\_\_\_\_
11. Where will the animal live?  
 strictly inside  strictly outside  both inside and outside
12. Where will the animal sleep at night?  
 inside  outside
13. How many hours a day will pet be left alone? \_\_\_\_\_
14. Where would the animal stay when you are not home? Check all that apply.  
 loose inside  confined inside  loose outside  Kennel/run/fenced area outside  tied or chained outside
15. Describe your home's activity level?  
 busy, active, noisy  moderate coming and going  quiet
16. If adopting a dog, how will you train and exercise this pet? \_\_\_\_\_
17. Would you spay or neuter this pet? \_\_\_\_\_ Why? \_\_\_\_\_
18. Have you ever surrendered a pet to an animal shelter? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_
19. How much time will you allow your new animal to adjust to your present pets and/or new home? \_\_\_\_\_
20. What problems would cause you to return an animal? Check all that apply.  
 barking  chewing  house training  shyness/other fears  scratching/climbing on furniture  
 Other: Please describe: \_\_\_\_\_
21. Would you be committed to work with the animal to correct any of these and most other problems? \_\_\_\_\_

22. What pets do you currently have in your household?

	Type	Spayed/Neutered	Kept Where	How Long Owned?	Age
#1	<input type="checkbox"/> dog <input type="checkbox"/> cat	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> inside <input type="checkbox"/> outside	_____	_____
#2	<input type="checkbox"/> dog <input type="checkbox"/> cat	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> inside <input type="checkbox"/> outside	_____	_____
#3	<input type="checkbox"/> dog <input type="checkbox"/> cat	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> inside <input type="checkbox"/> outside	_____	_____
#4	<input type="checkbox"/> dog <input type="checkbox"/> cat	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> inside <input type="checkbox"/> outside	_____	_____
#5	<input type="checkbox"/> dog <input type="checkbox"/> cat	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> inside <input type="checkbox"/> outside	_____	_____

Other: \_\_\_\_\_

23. Do you have a veterinarian?  Yes  No Clinic Name: \_\_\_\_\_
24. May we contact your veterinarian?  Yes  No
25. Are you willing to provide a lifetime home for this pet, which may require your relocating, medical treatment and specialized obedience training?  Yes  No If not, why? \_\_\_\_\_
26. Individuals who adopt an Olympic Peninsula Humane Society animal may be contacted periodically for an update to help ensure that the animal successfully adjusts to its new life. **If you adopt an OPHS animal, do you consent to home visits before and/or after adopting this pet?** \_\_\_\_\_

***I certify that the above information is accurate to the best of my knowledge and understand that falsification of information can be cause for denial of my application or future forfeiture of the adopted pet.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date