

# Small Companion Animal

## Adoption Application

Pet ownership is a serious commitment that the entire household needs to consider and agree to before the animal is adopted.



This application will assist both you and us in determining if your household is prepared to assume the role of responsible caretaker for a shelter animal. **Please note that applying does not ensure approval.** GHS reserves the right to refuse adoptions to anyone. No animal will be adopted to anyone who misleads or fails to provide accurate information on the adoption application.

I'm interested in adopting: Name \_\_\_\_\_ Breed \_\_\_\_\_

Last Name	First Name	Are you over 18 years? <input type="checkbox"/> Y <input type="checkbox"/> N	Today's Date	
Address PO Box		City	State	Zip
Home Phone	Cell Phone	Work Phone	Message Phone	
Email Address:				
1. What made you decide to adopt from Greenhill Humane Society?				
2. Why do you want a small pet?				
3. Are you: <input type="checkbox"/> 1st time owner <input type="checkbox"/> had a small pet before <input type="checkbox"/> experienced (more than two)				
4. How much are you budgeting for your pet (food, supplies, etc) \$_____ monthly (approx.)				
5. Do you have a budget for emergency medical care, if needed? <input type="checkbox"/> Y <input type="checkbox"/> N				
6. Which veterinarian will you go to for annual exams and other medical care?				
7. Who will be the <b>primary</b> caretaker? <input type="checkbox"/> Adult <input type="checkbox"/> Child over 12 <input type="checkbox"/> Child under 12				
8. Have you discussed pet ownership with <i>all</i> people living with you?				
9. How many people live in your household? _____ Adults _____ Children				
10. Do you live with: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Roommate(s) <input type="checkbox"/> Children <input type="checkbox"/> Alone <input type="checkbox"/> Other				
11. If there are children, what are their ages? _____ If they only visit, how often? _____				
12. Are you, and those who live with you, committed to caring for this pet for the rest of his/her life (3-12 years depending on the species)? Y <input type="checkbox"/> N <input type="checkbox"/>				
13. Are there lifestyle altering events that could occur in your foreseeable future? (i.e. baby, moving, caring for elderly, divorce, job uncertainty)				
14. How much time are you going to interact with your pet daily?				
15. Where will the pet be housed? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors				



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16. What type of cage or enclosure will you provide?

17. Who will care for your pet when you are away on vacation or out of town?

18. What problems would make you return an animal?  
 chewing  housebreaking  shyness/fear  digging  biting  
 other (explain) \_\_\_\_\_

19. If behavior problems do present themselves at a later date, are you committed to working with the animal to correct these and most other problems? Y  N

20. What are you planning to feed your pet?

21. Have you ever brought an animal to a shelter? If yes, why?

30. If you currently have other pets, please provide the following information:

Type of Animal	Breed	Sex	Age	Vaccines Current?	Spayed Neutered	Where kept? Exact location please (e.g., garage, run, etc.)

31. Have you talked to a staff member about this pet? Y  N  What was their name?

32. If you answered yes to 31, how much time have you spent with this pet?

33. Do you own your home? Y  N   
 House  Apartment  Mobile Home  Condo  other \_\_\_\_\_  
Mortgage Co. \_\_\_\_\_  
Do you rent your home? Y  N   
 House  Apartment  Mobile Home  Condo  other \_\_\_\_\_  
**If you rent, or have a lease option, we *will* need to contact *your* landlord.**  
Landlord's Name \_\_\_\_\_ or Management Co. \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_

**I am aware that the actions of the animals are often unpredictable; that animals should be closely supervised when with children; that animal's behavior may change after it leaves the shelter and adjusts to a home.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Today's Date



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Staff use only

Landlord verification       ID Verification       Address verification

Family Introduction       Adopter spent \_\_\_ minutes with animal

Notes: \_\_\_\_\_  
\_\_\_\_\_

Spoke to adopter about:

Dog/Cat/Other Intros       Children       Change in behavior post adoption

Training       Adoption Fee       Any release documents

Notes: \_\_\_\_\_  
\_\_\_\_\_

Interviewed by: \_\_\_\_\_      Adopters Initials : \_\_\_\_\_

Reason for Denial \_\_\_\_\_

Please complete first 2 pages and return to

**Greenhill Humane Society**

88530 Green Hill Rd. Eugene, OR 97402

Or fax to 541-689-5261

