



WCGHS DOG ADOPTION APPLICATION & QUESTIONNAIRE

Welcome to the West Columbia Gorge Humane Society Adoption Program. Thank you for making adoption an option! The following information is requested so we can assist you in the selection of your new forever friend. This application and questionnaire helps us determine if the adoption is in the animal's best interest and to assist you in placing animals most compatible with your expectations and lifestyle. The adoption process includes verifying information on this form, meet and greets, paying adoption fees and signing legal contracts.

West Columbia Gorge Humane Society works hard to find the right home for each companion animal we adopt to. We hope you understand that every animal is not right for every home and we will do our best to match you with the animal that will fulfill your expectation. Our goal is to place animals in the best home possible, regardless of date on the completed application. We reserve the right to visit adoptive homes to verify treatment and care of this animal.

REQUIREMENTS FOR ADOPTION: *Please review.*

- Adoption must be for the placement with your household.
- Adopter must be 18 years of age or older.
- If you are married or currently living with a significant other, that person's information must be included where the application asks for Co-Applicant information.
- WCGHS requires a meet and greet with all members of the household.
- Adopter agrees to keep the cat as an indoor cat only.
- If renting, adopter must provide a letter from landlord showing permission/agreement showing paid pet deposit.
- By signature on reverse, adopter gives permission for us to contact current and past veterinary offices, landlord, references or perform a home visit(s) by authorized shelter staff.
- Adopter agrees to notify us of developing behavior issues and work with us to resolve them.
- Animal is not to be sold, traded or given away.

APPLICANT CONTACT

Name: _____ Co-Applicant Name: _____

Relationship to Co-Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Driver's License #: _____

APPLICANT INFORMATION

How did you learn about this dog for adoption? _____

Why do you wish to adopt at this time? _____

Is this your first experience being responsible for an animal companion? _____

Have you discussed this adoption with all household members and is everyone in agreement? ___Yes ___No

Housing: Home:___ Apartment:___ Condo:___ Other:_____

Rent: ___ Own:___ Live with Parents/Relatives: _____ Other: _____

Landlord/Property Manager: _____ Phone: _____

Does your Landlord know you are adopting a new pet? Yes ___ No ___ Any breed restrictions: Yes ___ No ___

Do you have a fenced yard? _____ How High? _____ Type? _____

Are there children who live in the home? Yes ___ No ___ Ages: _____

Are there children who visit regularly? Yes ___ No ___ Ages: _____

Are there other pets in the residence? Yes ___ No ___ Livestock: _____

List species, breed, age, sex, and if the pets are indoor, outdoor, or both, spay/neutered and vaccinated:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

How many hours will this companion animal usually spend alone each day? _____

Where will this animal be confined while you are away? _____

Please circle all that will apply to the usual household lifestyle this animal will experience in your home:

Quiet Solitary Laid Back Peaceful Indoor Outdoor Active Very Busy On the Go

How long will you give this animal to adjust to your home and lifestyle? _____

Other than the pets currently in your household, in the last five years have you had any pets and where are they

now? _____

In the last five years, have you lost any companion animal due to theft, disappearance, traffic accident, poison, disease, euthanasia for any reason, or surrender to a person or organization? Yes ___ No ___

Please explain: _____

References:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name, address, and phone of past and current/new veterinarian:

By my signature below I authorize named veterinary clinic(s) to release information to WCGHS

I hereby certify that the above information is true and accurate to the best of my knowledge and that completion of this application is not a guarantee of placement.

Signature of Applicant: _____ Date: _____

Signature of Co- Applicant: _____ Date: _____
