



1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

### **DOG - Adoption Interview Application**

This application is intended to help us match our pets with the right household. We reserve the right to verify any and all information contained in this application, check with landlords, and check home sites. Please fill out all of the questions as accurately as possible.

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

E-mailAddress \_\_\_\_\_

Physical Address: \_\_\_\_\_ APT/UNIT # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you anticipate moving in the next 30 days?  Yes  No

Do you live in:  House  Apartment  Manufactured Home Park  Condo  Duplex  Other: \_\_\_\_\_

Do you:  Own  Rent  Live with parents/family  Other (explain) \_\_\_\_\_

Property Owner / Manager \_\_\_\_\_ Main Phone Number: \_\_\_\_\_

Have you spoken to your landlord about adopting a new dog?  Yes  No **ADOPTORS ARE REQUIRED TO MAKE SURE THEIR LEASE ALLOWS THEM TO HAVE A DOG WE WILL ONLY CALL ON CERTAIN BREEDS**

If there are children in the home what are their ages? \_\_\_\_\_

Who will be the primary caretaker of this dog?  Self  Child  Spouse  Family  Other(explain) \_\_\_\_\_

Purpose for adopting:  Companion  Guard dog  Other(explain) \_\_\_\_\_

Are there any pets currently living at your residence?  Yes  No If yes, please list below:

Breed: \_\_\_\_\_  Male  Female Spayed or Neutered?  Yes  No Age: \_\_\_\_\_

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Do you have small animals (rabbits, reptiles , etc.) \_\_\_\_\_

**HAVE YOU RECEIVED FREE FOOD FROM THE HUMANE SOCIETY IN THE PAST THREE MONTHS?  Yes  No**

Have you had any other pets in the last five years?  Yes  No If yes, please list below:

Breed: \_\_\_\_\_ Where is he/she now? \_\_\_\_\_

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Where will this dog sleep at night?  Indoors  Outdoors  Garage

How much time will this dog spend alone? \_\_\_\_\_

Where will this dog be while you are not home?

Indoor crate  Indoor free reign  Outside kennel  Outside free reign  Outside tether/chain  Garage

This dog will spend most of his/her time:  Indoors  Outdoors  We have a doggy door, it's his/her choice!

Do you have a fully fenced yard?  Yes  No What kind (material, and height)? \_\_\_\_\_

How will you provide exercise for this animal?  Backyard  Walks  Jogging  Dog Park  Hiking/Beach/Camping

Alternate contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I certify that the above information is true and accurate to the best of my knowledge. I understand that falsification of this information may be cause for denial of my application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANTS: PLEASE DO NOT WRITE ON**

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord / Property Owner Approval  Needed  Done  N/A Result: \_\_\_\_\_

Licensing Jurisdiction  CLARK  BG/LaCenter/Ridgefield  Clark/Yacolt  Camas  Washougal  Other WA  Out of jurisdiction

SB ID # \_\_\_\_\_

Socials: \_\_\_\_\_

Comments: \_\_\_\_\_

Adoption Consult Done  Yes  No  N/A Team Member \_\_\_\_\_

OSQ Reviewed/Copied  Yes  No  N/A File Restrictions Reviewed  Yes  No  N/A

Medical Release Signed  Yes  No  N/A Dog/Dog Meet  Yes  No  N/A

Transfer/Medical Paperwork Copied  Yes  No  N/A Dog/Child Meet  Yes  No  N/A

Adoption Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_ Medication Given  Yes  No  N/A

Date: \_\_\_\_\_ Animal ID: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered  Yes  No Age: \_\_\_\_\_

\_\_\_\_\_ (name of dog)  Adopted  Hold  First  Second  Third

Hold expires: Date \_\_\_\_\_ Time \_\_\_\_\_ Reason for hold \_\_\_\_\_

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Dog's location:  Green Pod # \_\_\_\_\_  Orange Pod # \_\_\_\_\_  Blue Pod  Isolation  Stray  Foster \_\_\_\_\_

Hold confirmed:  Yes  No  Cancelled Comments: \_\_\_\_\_

CCL# \_\_\_\_\_ Microchip# \_\_\_\_\_

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Adoption Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_ Medication Given  Yes  No  N/A

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