Columbia Gorge Humane Society Adoption Application

Our goal for adoptions is to find homes that will provide support, love and care for our animals for the rest of their lives. We work hard to find the best match between animals and people so that there is a good chance for a successful adoption. The more information we have about you, your family, your pets and your life style the easier it is to find you a new best friend.

Applicant Information

Name:_____ Date:_____

Physical Address:_____ City:_____ State:_____ Zip:_____

Phone Number:_____Email:_____

Mailing Address if different from physical:_____

Driver's License Number:_____ State:_____

Housing Information

Do you own or rent?_____ How long have you lived at this address?_____

Any plans to move in the near future?_____ If renting, are all pet deposits paid?_____

Have you had pets at this household before?_____

If renting please list the following information:

Landlords Name:_____ Phone Number:_____

Physical Address:_____ City:_____ State:_____

Email:_____

Family and Current Pet Information

Number of adults in the household:_____ Number of children in the household:_____

Ages of children in the household:_____

Have all the adults in the household agreed to this adoption?_____

Any known allergies to pets?_____ Have the children had pets before?_____

Please tell us why you/your family would like to adopt an animal from us (check all that apply.)

___ Companion for self ___ Companion for child ___Companion for another pet

___ Guard/protection ___Companion for another household member ___ Gift

___ Other Explain:_____

Please list all current and past pets:

Name	Breed	Age	Gender	Spayed/Neutered?	Currently living with you?

Have you ever given an animal away or relinquished an animal?_____

If yes, please explain:_____

Current Veterinarian:_____ Phone Number:_____

New Pet Information

It takes time for animals to adjust to a new environment. Are you prepared to allow the time needed for a new pet to adjust to your home?_____

Are you prepared for the yearly cost of maintenance for a pet?_____

Are you committed to providing a responsible home for your pet's entire life (10+ years)?_____

If you have to move, what do you plan to do with your pets?_____

Who in the household will be the pets' primary caregiver?_____

Where will the pet be kept during the day?_____ During the night?_____

How do you plan to housetrain (or litter train) your pet?_____

Do you have a fenced yard?_____ If yes, how tall?_____

If no, how do you plan on containing your pet outside of your house?_____

How many hours per day will your pet be left alone?_____

What would you do if your pet develops a problem with:

Digging:_____

Barking:_____

Chewing:_____

Separation Anxiety:_____

Aggression:_____

Failure to house/litter train:_____

Please provide two personal references below:

Name:_____Phone Number:_____Email:_____

Name:_____Phone Number:_____Email:_____

Please make sure your references are aware that we will be calling them. If a reference is unable to be reached a new reference will need to be provided.

House Visit

We will need to conduct a house visit to ensure that our animal is going to a safe home that can provide a stable and healthy environment. We will need to see where the pet will be sleeping during the night. Where they will be the majority of the day. Any yards or fences that are meant to keep the pet contained. This is a requirement, the only exception is if the distance that you live isn't feasible for a volunteer or staff member to reach. In that case there will need to be a video call done so that we can view the areas listed above remotely.

PLEASE NOTE

Please understand that Columbia Gorge Humane Society is not a veterinary clinic and that this animal may be harboring a medical condition which is not apparent during its stay at the shelter. Should such a condition become apparent after two weeks of adoption, you assume full responsibility for any related veterinary care. Each animal at Columbia Gorge Humane society is fully vaccinated, neutered/spayed, microchipped and given a general exam. If you do notice a medical issue within the first two weeks of adoption Columbia Gorge Humane Society will bring the animal to a veterinary professional of their choosing. We do not reimburse veterinary bills if you seek out your own treat for the animal.

By signing below, you have stated that all information on this application is true to the best of your knowledge. Columbia Gorge Humane Society has the right to refuse an adoption if it is found that information stated on the application has been falsified. Columbia Gorge Humane Society has the right to refuse an adoption if they feel like it will not be in the best interest for the animal or for the applicant.

Applicant Name:_____ Date:_____

Applicant Signature:_____

Witness Name:_____

Witness Signature:_____

Thank you for your interest in adopting!
Columbia Gorge Humane Society
200 River Rd. The Dalles, OR 97058
541-296-5189