



Humane Society  
of Central Oregon

## Adoption Questionnaire

61170 SE 27th St.  
Bend OR 97702  
phone: 541.382.3537  
fax: 541.312.8916  
email: info@hsc.org

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Animal interested in adopting \_\_\_\_\_

Name: First \_\_\_\_\_ Last \_\_\_\_\_ Birthdate \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( ) - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

Have you ever adopted from the Humane Society Before? ☐ Yes ☐ No

If yes, how long ago? \_\_\_\_\_ Do you still have the animal? ☐ Yes ☐ No

Please tell us why you wish to adopt this animal \_\_\_\_\_

Do you currently own any pets? If yes, please list and fill information

Type of animal		Sex M or F	Spayed or Neutered?	Primarily Inside or outside
a. _____ age _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> In&Out	
b. _____ age _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> In&Out	
c. _____ age _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> In&Out	
d. _____ age _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> In&Out	

List any animal you owned in the past five years and what happened to them \_\_\_\_\_

Have you ever taken an animal to a shelter? ☐ Yes ☐ No

If yes, where? \_\_\_\_\_ Why? \_\_\_\_\_

I live in a ☐ House ☐ Apartment ☐ Mobile Home ☐ Condo ☐ Other

I ☐ Rent ☐ Own

Name of Landlord/Co \_\_\_\_\_ Phone Number ( ) - \_\_\_\_ - \_\_\_\_

How long have you lived at you present address? \_\_\_\_\_ How long do you plan to expect to stay? \_\_\_\_\_

If you move, what will you do with this animal? \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

I live with ☐ Spouse ☐ Parents ☐ Roommate(s) ☐ Children ☐ Alone

What are the ages of the children? \_\_\_\_\_ Do they visit often? ☐ Yes ☐ No

Does anyone in your household have allergies to animals? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

Do you believe spaying and neutering animals is important? ☐ Yes ☐ No

Do you plan to have this animal spayed or neutered? ☐ Yes ☐ No ☐ Has been spayed/neutered

Why or why not? \_\_\_\_\_

How do you feel about de-clawing cats? \_\_\_\_\_

Will this animal be ☐ Inside only ☐ Outside only ☐ Both

How many hours a day will this animal have human companionship? \_\_\_\_\_

Where will this animal be kept during the day? \_\_\_\_\_ Night? \_\_\_\_\_

Where will this animal be kept while you are not at home? \_\_\_\_\_

Who will be responsible for the care of this animal? \_\_\_\_\_

How much do you estimate you will spend on the animal each month? \_\_\_\_\_

How will you handle unacceptable behavior? \_\_\_\_\_

Do your neighbors own livestock, farm or exotic animals? ☐ Yes ☐ No

Do you have a fenced yard? ☐ Yes ☐ No

If yes, What type of fence? \_\_\_\_\_ Height? \_\_\_\_\_

If your yard is not fenced, how do you plan to exercise, allow it to relieve itself, and keep it confined? \_\_\_\_\_

Where do you plan to keep the litter box? \_\_\_\_\_

What influenced your decision to adopt from the Humane Society of Central Oregon?

☐ Word of mouth

☐ Newspaper

☐ Radio

☐ TV

☐ Other \_\_\_\_\_

*I certify that the information I have provided is true and understand that any false information will nullify the adoption. The Humane Society of Central Oregon reserves the right to refuse any adoption.*

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Thank you for completing this questionnaire. Please return it to the Humane Society of Central Oregon adoption counselor or representative. Your application will be kept on file for one month.

Adoption Staff Only

ASR OK \_\_\_\_ YES \_\_\_\_ NO

LL/A \_\_\_\_ YES \_\_\_\_ NO

PET PT OK \_\_\_\_ YES \_\_\_\_ NO

ADO Approved \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ HOLD HSCO Rep \_\_\_\_\_ Date \_\_\_\_\_

Condition to be met before adoption: \_\_\_\_\_

Comments \_\_\_\_\_

Photo ID check \_\_\_\_ Yes \_\_\_\_ No # \_\_\_\_\_