



CHS

Cascades Humane Society

VISITATION AND ADOPTION APPLICATION

Accurate answers to questions will expedite your approval as an adopter.

Date: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work: _____

E-mail: _____ Driver's License: _____

Please check if you would like to receive our newsletter.

Do You?: Own _____ Lives with parents (**Parent's info**) _____

IF RENTING*: Single family home _____ Apartment _____ Mobile Community _____

Landlord Info: _____

How did you hear about Cascades Humane Society?

Pet Supply Plus__ PetSmart__ WLNS - 6 News__ JTV__ Facebook__ CHS Website__ PetFinder__ Referral

Other _____

Have you ever adopted from Cascades Humane Society. If yes, when: _____

Have you owned animals in the past: __ Yes __ No

Please list any pets CURRENTLY living in the household

Type of Pet					
Breed					
Name					
Age/Sex					
Current Vaccines?					
Time Owned?					

Current Veterinarian Name and Phone: _____

Have you ever surrendered an animal to CHS? When and why? _____

How many hours will the pet be alone each day? _____

Where will the dog be kept when left alone? Circle all that apply:

___ Loose in house___ Crate___ Tie out___ Kennel___ Garage___ Fenced in yard___ Basement

How much are you willing to spend on this pet in a year? _____

(Including vet visits, emergencies, boarding, food, toys, grooming, treats, etc)

I am interested in a pet with special needs: Yes No

Are you expecting any of these changes in your life? Check all that apply:

Baby Moving New Marriage Job Changes Divorce School Other new animals None

This pet needs to get along with: Dogs Cats Small Animals Kids: What ages? ____, ____, ____, ____, ____,
 Senior Family Members.

I am interested in visiting with: (please list names, if available)

DOG	PUPPY	CAT	KITTEN

PERMISSION, RELEASES & UNDERSTANDINGS

I authorize Cascades Humane Society to call my landlord, rental management company, or parents, for appropriate permissions to allow me to adopt animal(s) to live in my current home.

I authorize the release of my veterinary records for all the animals I currently own, to Cascades Humane Society.

I have answered all of the above questions truthfully and understand that false statements will void this application.

Signature

Date

Adoption Counselor

FOR STAFF ONLY

Discussions:

- Noise Level
- Is anyone allergic
- Introducing new pets
- Routine health care
- Containment/fencing
- Behavior issues
- Crate Training
- Manners and Obedience

Notes:

Vet checks:

Declined vet check:
____/____/____
Staff initial _____