

**Clackamas County Dog Services
Animal Adoption Application**

**13141 SE Hwy. 212, Clackamas, OR 97015
voice (503) 722-6519 fax (503) 557-2829**

Thank you for considering adopting a pet from the Clackamas County Dog Shelter. Please complete this application. You must be at least 18 years old to adopt. This application is used as a tool to help find the best possible home for the animal and the best possible match for your home and lifestyle.

Name		Home Phone		Work Phone	
Address			City		State
Zip Code					
E-mail Address		Date of Birth		Drivers License/ID #	
State of Issue & Exp date					
Do you (Please circle) Own Rent Other If other please explain		How long at current address If less than 6 months – previous address: Will you be moving soon?		Do you live in (please circle)? House Apartment Mobile Home Other	
Landlord Name and phone number (if you do not own your own home)					
Do other adults live in this house? Have they approved of this adoption?		How many children live in this house? Children's ages:		Where will this animal be kept: During the day: _____ While at work: _____ In the evening: _____	
Will this animal be (please circle) Indoors Outdoors In/Out					
How will you confine your new pet on your property? Fence.....Dog run.....Trolley.....stake in the ground.... Other (please explain)				Why do you want to adopt a pet?	
Do any members of your family have allergies to animals?				Who will be the primary caretaker of this pet?	
Who are you adopting this pet for? Yourself.....Relative.....Friend.....Child.....Pet.....Other (please explain)				How much do you anticipate spending yearly on a pet you adopt? \$ _____	
If your adopted pet becomes destructive or is not housebroken, what would you do?				Under what circumstances would you not keep this pet?	

Please list the pets that you currently own or reside in your home

Type of animal	Male/Female Spayed/Neutered		Age		Current on vaccinations?		Currently licensed?		Where did you get this pet?
	M	F	Yes	No	Yes	No	Yes	No	
	M	F	Yes	No	Yes	No	Yes	No	
	M	F	Yes	N	Yes	No	Yes	No	

Please list the types and breeds of pets you've owned in the last five years

Type & Breed of Animal	Age	How long did you own	Where is the animal now?

Return/Exchange Policy:

If you are unable to keep this dog, you will be required to return the dog to our shelter. You may return the dog within 90 days for a refund or exchange. The exchange certificate will be valid for one year from the date of issuance.

If you return the dog after 90 days, you will be required to pay a \$40.00 surrender fee.

1. All dogs adopted from Clackamas County Dog Services are implanted with a microchip. Registration of that microchip is a part of your adoption process. The cost is \$20.00 and requires a separate check payable to FIDO (Friends Involved in Dog Outreach) or cash.
2. If you move, what will you do with this animal? _____
3. Adoption from our shelter requires you to Spay/Neuter this animal, do you have any objections to this procedure _____ yes _____ no. If you object, why? _____
4. Would you be willing to permit a visit by a representative of Clackamas County Dog Services: _____ yes _____ no
5. Where did you hear about our adoption program?

Each application requires a \$10.00 Non-Refundable deposit applied to your adoption fees when you find your perfect pet within 6 months of date of application. I certify that the above information is true and accurate to the best of my knowledge and that falsification of information can be cause for denial of my application. I agree to sign and abide by the adoption agreement.

Signature of Applicant

Date

Signature of Applicant

Date

Office Use Only

Date: _____ Approved: _____ Denied: _____ Appealed: _____

Impound #: _____ Run #: _____ Counselor: _____ Date Available: _____

Records Check Requested: _____ Records Check Returned: _____

Stipulations? _____ yes _____ no If yes, see comments below

Premise Inspection? ___ Yes ___ No Approved: _____ Denied: _____

Landlord check needed? ___ Yes ___ No Approved: _____ Denied: _____

S/N Transport? ___ Yes ___ No

S/N Appointment Date: _____ Clinic: _____

Existing Dog License #'s: _____

Priors check? ___ Yes ___ No

Comments: _____

