

Thank you for choosing adoption! Please complete the following questions to help

guide our conversation today. Please print clearly. **PLEASE RETURN APPLICATION WHEN COMPLETED.**

Animal’s name:

Your name(s) Mr. / Mrs. First\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, \_\_\_\_\_\_\_\_\_\_\_\_\_State, \_\_\_\_\_\_\_\_\_\_

Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_ County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Adults in household: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First MI Last

Relationship to you. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best time to call you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you Own or rent your home?

We welcome adopters that rent, live in apartments or condos, we do want to alert you that many Landlords have a weight and or breed policy. Some also have a pet deposit. Please check with your Landlord before committing to adoption.

Please tell us about the people in the household.

Adults\_\_\_\_\_\_, Children under 5 yrs old\_\_\_\_\_ , Total people in home\_\_\_\_\_\_\_

Please tell us about pets in the household:

* We have one or more dogs \_\_\_\_\_\_\_\_ How Many \_\_\_\_\_\_\_\_ Good with other dogs? \_\_\_\_\_\_\_\_

On HW Preventative? \_\_\_\_\_\_\_\_ Flea Preventative? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are they Spayed/Neutered? \_\_\_\_\_\_\_\_\_\_\_\_ If no, why not? \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

We have one or more cats \_\_\_\_\_\_\_ How Many? \_\_\_\_\_\_\_\_\_\_ Up to date on Vaccinations?\_\_\_\_\_\_\_\_, If no, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

Flea preventative? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are they Spayed/Neutered? \_\_\_\_\_\_\_\_\_\_\_\_ If no, why not? \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* We have a Veterinarian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; Contact information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Do you authorize OCHS or its representative to contact your veterinarian? \_\_\_\_\_\_\_; What name is your account held under \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* How do you feel about potty training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Obedience/basic training?
* Will the dog be an inside dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Where will the dog stay when you are not home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Where will the dog sleep? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If you use a crate what is the longest period of time the dog will be left in the crate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please fill free to contact us with any questions about our adoptable pets, our services or our adoption procedure.

OCHS: Phone number: 918-759-2000 FOSTER: Phone number:

OCHS Email: [okmhumsoc@sbcglobal.net](mailto:okmhumsoc@sbcglobal.net)

Please allow up to three days for a volunteer to get back to you after application is received.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prospective Adopter signature Date