



Thank you for visiting **Willamette Humane Society**.
 We are a private, nonprofit organization that relies on support from the public
 to provide valuable services to the animals in our community.

*Anyone who wishes to visit with our animals must complete the entire questionnaire.
 You must be 18 years of age to adopt an animal from our shelter.*

Phone: 503-585-5900 • Email: adoptions@whs4pets.org

Name: _____

DOG ADOPTION QUESTIONNAIRE							
Your Full Name		What dog are you interested in?			Today's Date		
Physical Address				City	State	Zip	
Home Phone () -		Work or Cell Phone () -		Date of Birth		Driver's License/ID#	
Occupation:				Do you plan to move soon? If so, when?			
Have you adopted from WHS? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email address:			<input type="checkbox"/> Please sign me up for WHS's e-newsletter		
Do you? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/ Parents			Type of residence <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Farm <input type="checkbox"/> Other:				
Please list all pets you currently own or have owned in the last 5 years:							
Type of animal:	Gender:	Spayed/Neutered?	Age:	Live indoors (I), outdoors (O), or both (B)?	Still own?	If not, why?	Is/was your pet current on vaccinations?
	M F	Yes No		I O B	Yes No		Yes No
	M F	Yes No		I O B	Yes No		Yes No
	M F	Yes No		I O B	Yes No		Yes No
	M F	Yes No		I O B	Yes No		Yes No
Do you currently have a veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No				Who is your veterinarian?			
I have owned a dog before: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what breed(s)?			What made you decide to adopt a dog?				
			I want a guard dog: <input type="checkbox"/> Yes <input type="checkbox"/> No		I want a dog to herd or hunt with: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your dog going to be primarily indoors or outdoors?				How many hours per day will your dog be outside without supervision during the day? At night?			
Number of people in the household:				Ages of those in household:			
When left alone, my dog will be: <input type="checkbox"/> In a crate <input type="checkbox"/> In the yard <input type="checkbox"/> On a cable run <input type="checkbox"/> In a kennel <input type="checkbox"/> Loose in the house <input type="checkbox"/> Other:				My dog needs to get along with: <input type="checkbox"/> Elderly people <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Children under 8 years old <input type="checkbox"/> Children over 8 years old <input type="checkbox"/> Other animals:			
My household is: <input type="checkbox"/> Calm/quiet <input type="checkbox"/> Average <input type="checkbox"/> Active			What kind training classes are you interested in?				
What issues are deal breakers? <input type="checkbox"/> Barking <input type="checkbox"/> Destructive chewing <input type="checkbox"/> House soiling <input type="checkbox"/> Shyness/Fear <input type="checkbox"/> Not getting along with other animals <input type="checkbox"/> Jumping <input type="checkbox"/> Major Medical Issues <input type="checkbox"/> Scratching <input type="checkbox"/> Landlord issues <input type="checkbox"/> Other:							
Check the topics you would like to discuss at the time of adoption: <input type="checkbox"/> Crate training <input type="checkbox"/> Dogs with children <input type="checkbox"/> Introducing a new dog to other pets <input type="checkbox"/> Appropriate toys <input type="checkbox"/> Food puzzles <input type="checkbox"/> Potty training <input type="checkbox"/> Vaccine history <input type="checkbox"/> Adjustment to new home <input type="checkbox"/> Flea control <input type="checkbox"/> Obedience/training classes <input type="checkbox"/> Others:							

Date: _____

I certify the information I have provided is true and understand that any false information will nullify the adoption. I agree to a pre-/post-adoption home inspection by an employee of the Willamette Humane Society if requested. I understand WHS reserves the right to refuse any adoption. I understand that I may place a hold on an animal for 1 business day for a non-refundable, non-transferable \$25 fee.

Signed: _____ Date: _____

