



Adoption Application

Name of animal you're interested in: _____

Adoption Criteria - Check **each** to indicate you understand and agree to the criteria:

- The person adopting will be responsible for this animal is the one completing this form
- Applicant is 18 years or older and maintains their own household
- Identification showing current address is required before adoption is finalized
- All adults in the household have knowledge of and consent to the animal joining the home
- Applicant is willing to spend time and money to provide training, medical treatment, and proper care for this animal

Name of applicant: _____

Name of spouse or partner: _____

Your Birthdate: _____ Spouse/partner birthdate: _____

Current street address: _____

Current city, state, zip: _____

Email address: _____

Home Phone: _____ Cell Phone: _____

Driver's License #: _____ State of issue: _____

Preferred method of contact:

- Home phone
- Cell phone
- Email

Your occupation: _____

- Part-Time
- Full-Time

Spouse or partner's occupation: _____

- Part-Time
- Full-Time

On an average day, how many hours will your pet be left alone: _____

How often are you away from home overnight:

- Rarely, less than 5 nights per year
- Occasionally, 5-15 nights per year
- Frequently, 16 or more nights per year

If you are away from home overnight, who will be responsible for your pet: _____

YOUR PET HISTORY

Tell us why you want a pet: _____

How many pets do you currently have:

- _____ Dogs
- _____ Cats
- _____ Other _____

How many pets have you had in the last 5 years:

- _____ Dogs
- _____ Cats
- _____ Other _____

If you no longer have any or all of these pets, please indicate why (check all that apply):

- Passed away due to illness
- Passed away due to age
- Animal was lost
- Animal was re-homed, surrendered to a shelter or sold
- Not applicable
- Other, please explain _____

If you checked Lost or Re-Homed, Surrendered or Sold please explain or describe the circumstances:

Where/How did you get your previous pets (check all that apply):

- Adopted from a rescue
- Adopted from Animal Shelter
- Found stray
- Purchased from store or breeder
- Acquired from friend or family member
- Not applicable
- Other, please explain _____

Are any of your pets unsterilized:

- Yes, all or some are unsterilized
- No
- Not applicable

If any of your current pets are unsterilized please explain why: _____

Do you know how dogs contract heartworms:

- Yes, please explain how: _____
- No
- Not sure

Where do/will your pets stay when you are home:

This pet is intended to be (check all that apply):

- A companion for myself
- A companion for my child
- A companion for a senior citizen
- A gift for someone
- A guard or watchdog for the home or business
- A hunting dog
- A barn cat or mouser
- Other, please explain _____

How long do you expect it to take for an animal to be fully house or litter trained: _____

Do you have experience house or litter training:

- Yes
- No

What method have you used to house or litter train an animal before: _____

We cannot guarantee an animal will be fully house or litter trained and will not have an occasional accident until it learns your home and your routine. Please check that you understand this:

- Yes, I understand
- No, I want an animal that is completely house or litter trained

Are you familiar with crate training and its benefits? If not, your adoption counselor can provide information on this:

- Yes
- No
- Not sure

CURRENT HOUSEHOLD

Do you live in:

- Apartment/Condo/Townhome
- House
- Mobile home
- Other, please explain _____

Do you rent or own:

- Rent
- Own

If you rent, we require a copy of the landlord's policy on animals, which may include a limit to the number of animals allowed, weight limit and breed restrictions. We also require proof the pet deposit, if any, has been paid before the pet is adopted.

If you rent, provide the landlord's name or name of complex: _____

If you rent, provide a phone number for your landlord or complex: _____

Is there a possibility you will move in the next 12 months:

- Yes
- No
- Maybe

If yes or maybe, what are the consequences of that move for this pet: _____

Do you leave doors or windows open at home:

- Yes
- No
- Sometimes

Do you have screens on yours doors and windows:

- Yes
- No
- Some, but not all

Do you have a fenced yard:

- Yes
- No
- Partially

If you have a fenced yard, please indicate which type of fencing you have:

- Wood
- Chain link
- Wrought iron
- Brick/stone
- Other, please explain _____

If you have a fenced yard, please indicate the height of the fence:

- 4 feet
- 6 feet
- 8 or more feet
- Other, please explain _____

If you have a fenced yard, do you keep your gate(s) locked:

- Yes
- No

Do you have a pool or pond:

- Yes
- No

How many children are in your home and what are their ages: _____

Do children frequently visit your home? If so, what are their ages: _____

If you currently have no children in the home, do you plan to have children in the next 1-15 years:

- Yes
- No
- Not sure

If a baby comes along, what, if anything, will change in your pet's living arrangements: _____

In case of a medical emergency or your death, what are the consequences for this pet: _____

Do you or anyone in your household have allergies to animals:

- Yes
- No
- Not sure

VETERINARIAN INFORMATION

If you currently have a veterinarian, we would like to contact him/her as a reference

Do you currently have a veterinarian:

- Yes
- No

If you do not currently have a vet, how will you go about selecting one: _____

If you do not currently have a vet, how soon after you get an animal will you choose one:

- Immediately
- When vaccines are due
- When the animal is sick
- When an emergency occurs
- Not applicable, I already have one
- Other, please explain _____

If you have a vet, how long have you used him/her: _____

May we contact your vet for a reference:

- Yes
- No
- Not applicable

If yes, please provide the following:

Name of clinic: _____

Phone number of clinic: _____

Veterinarian's name: _____

Name of pets treated by vet or clinic: _____

PERSONAL REFERENCE

Provide a personal reference who knows your character and your sentiment toward animals (may not be a relative or roommate)

Name: _____

Current street address: _____

Current city, state, zip: _____

Best contact phone number: _____

Oak Hill Animal Rescue, Inc. recognizes the sensitive nature of the information in this application. It is exclusively used to ensure the best possible home for our animals. Please check to indicate your understanding and agreement to following.

- I understand this Adoption Application will be used to verify my statements and hereby authorize Oak Hill Animal Rescue, Inc. to contact any of the names I provided.

- I submit this application in good faith and promise to support and protects the pet I want to adopt for the rest of its natural life.

No Fault Adoptions and Non-Refundable Adoption Fees - In order to qualify if this dog or cat is best suited to your family, any current family pets (if applicable), and any and all visitors to your household, OHAR offers “no fault adoptions”. A “no fault adoption” means we allow you the time you need to make a qualified decision on whether or not this is the right pet for your family. OHAR is committed to helping you make the right choice, so please take the necessary time you need to decide.

Adoption fees are paid during the adoption finalization process. Our adoption fees are non-refundable.

Enter your name below (a signature will be required before bringing an animal for a home visit):

Enter the date of this application: _____

Trial Home Visit

In the event your application is approved, and you choose to proceed with the adoption process the pet will be brought to your home for a trial visit prior to finalizing the adoption. This trial will be a 7-day period, unless stated in writing by OHAR.

Our Dogs and Cats Medical History

The animals available for adoption from Oak Hill Animal Rescue (“OHAR”) often come from the streets or from a shelter environment and little to nothing is known about their past. OHAR is concerned about the health of the animals in our care and exercise due caution to prevent disease transmission by vaccinating on intake, evaluating behavior, deworming and bathing to kill any parasites like fleas and ticks.

Due to the medical condition of some of the dogs/cats we receive, some or all of these things may or may not be performed upon recommendation of our veterinarians. If you want to adopt a pet from OHAR and agree to do a trial visit, you must agree to the following terms and conditions regarding the pet’s health:

- If you have any concerns about the pet’s health, you agree to contact OHAR to ask where you may take the dog/cat for evaluation.
- If you choose to use your own veterinarian, these costs will be yours and will not be deducted from your adoption fee.
- Due to the high volume of vet care we do, we work exclusively with those vets that provide rescue rates and cannot support or reimburse what your vet charges you for well pet care.
- If our pet is injured while in your care during this trial period, you agree to cover all medical expenses associated with recovery of these injuries.
- If you choose to adopt after your trial period, you receive all medical records associated with the care of this pet while at OHAR; but if you intend to have this pet evaluated at your personal vet at your expense and want to be able to disclose its medical history to date, we will provide your vet whatever they require upon request.

I acknowledge and will agree to these terms and conditions in the event the animal is entrusted to me during the trial home visit

Enter your name below (a signature will be required before bringing an animal for a home visit):

Enter the date of this application: _____

During the Finalization Process

Veterinary Care:

- I understand veterinary care for this pet can extend ten to twenty years.
- I agree to provide regular and emergency veterinary care for the life of this pet.
- I agree NOT to declaw this pet.

I acknowledge and will agree to these terms and conditions in the event I adopt this animal

Surrender Policy:

- In the event I am unable to keep this pet, I understand and agree to surrender them back to Oak Hill Animal Rescue, Inc.
- I acknowledge that surrender to any other animal care facility, person or family member is forbidden.
- I acknowledge that under NO circumstances am I able to offer this pet for sale or re-homing without the consent or authorization of Oak Hill Animal Rescue, Inc.
- I acknowledge the adoption fee is non-refundable
- In the event I am unable to keep this pet, I agree to give a minimum of two weeks' notice prior to surrender, so room can be made available for the return of this pet.

I acknowledge and will agree to these terms and conditions in the event I adopt this animal

Spay/Neuter & Vaccination Policy - In the event I am applying for a puppy or kitten that is too young for final vaccinations or is too young to spay/neuter, the following conditions apply:

- Upon adoption I will receive a certificate for a free spay/neuter with a veterinarian contracted by OHAR to be performed when the pet is six or seven months old.
- I will also be provided information of where to go for the Rabies vaccine and Microchipping if the animal is too young at the time of adoption.
- These costs are included in the adoption fee.
- If these items are not done in accordance with OHAR policies, please be advised OHAR will report this neglect to local animal control authority, where you will likely be cited for non-compliance with city ordinances.
- Under no circumstances are these pets to remain unsterilized or incomplete on vaccinations.

I acknowledge and will agree to these terms and conditions in the event I adopt this animal

Enter your name below (a signature will be required before bringing an animal for a home visit):

Enter the date of this application: _____