



OKINAWAN-AMERICAN ANIMAL RESCUE SOCIETY

DOG ADOPTION
APPLICATION

Name:
PSC Address:
Physical Address:
Phone: Home
 Work
 Cell
E-Mail:
Employer:

Family Information

Number of Adults in Household:
Number of Children:
Ages of Children:

Are all the adults in your household aware that you are adopting a pet?

Who will be the primary caregiver for your new pet?

Does any member of your household have an allergy to dog hair/dander?

Why do you want a pet? Why do you want a dog in particular?

Please describe your ideal dog (personality [and appearance, if applicable]):

Which of our dogs interests you? And why?

Home Environment

What type of housing do you live in (apartment, house, duplex, etc)?

Do you live on a busy street? Please describe your neighborhood: (Urban, Suburban, Rural)

Do you have a completely fenced yard? If yes, how high and what type of fencing?

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

Where will the pet be kept when alone? If confined in a room or crated, in which room?

Where will the pet be kept during the day when you are home?

Where will the pet sleep at night?

How often and what type of exercise will you give your pet?

Are there times when the puppy/dog will be tied outside? If yes, when?

Pet Information

Is this your first pet?

If you presently have a companion animal(s), please complete.

Name:

Species:

Age:

Gender:

Spayed/ Neutered?

Current on Vaccinations?

If you have previously had a companion animal(s), please complete.

Name:

Species:

Years owned:

What Happened?

Have you ever turned a pet into a shelter? If yes, explain.

Have you ever had a pet euthanized? If yes, please explain.

Caring for the Dog

Are you planning to attend obedience classes with your new pet?

If your new pet is not yet housebroken, how will you correct him/her when there is an accident, and what method will you use to train him/her?

Do you know how animals get heartworm disease? Will you use a preventative?

When you go on vacation/travel, who will care for the pet?

If you move, what will you do with the pet?

How much are you willing to spend on medical bills for your pet?

What would you do if the vet bills go over this amount?

Are you ready to take responsibility for this pet for the next 10-15 years?

What provisions will you make for the pet should you become unable to care for it?

Other

Are you willing to have an OAARS representative visit where the pet will be living?

Once placed, the foster parent reserves the right to: (1) check on the pet to ensure its well-being, and make sure the pet and family have adapted to each other; (2) remove the pet from the home if any conditions of the adoption contract have been violated, or if the environment is determined to be unsafe. Will you agree to this?

Do you agree to periodically send updates/pictures to the foster parent or to OAARS to let us know that the cat is doing well? Will you respond to emails from OAARS inquiring about the pet, even a year or 2 after adoption?

Other comments you would like to share:

Thank you for taking the time to complete this application.

For office use:

Matched with (animal name):

Foster parent:

Two week trial; Start date:

End date: