



**OCONTO AREA HUMANE SOCIETY**  
150 S. Katch, Oconto WI 54153  
office (920) 835-1738  
fax (920) 835-1739

### ADOPTION APPLICATION

Name of animal applying for \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Small Animal

\_\_\_\_\_  
Primary Applicant (Last Name, First Name, Middle Name) Birth Date Home Phone Number

\_\_\_\_\_  
Co- Applicant (Last Name, First Name, Middle Name) Birth Date Alternate Phone Number

\_\_\_\_\_  
Street Address (if P.O.Box, must give street name)

\_\_\_\_\_  
City State Zip Code County

**Primary E-mail Address** \_\_\_\_\_

How many years at this residence? \_\_\_\_\_

Have you every adopted from this shelter before? \_\_\_\_\_ Yes \_\_\_\_\_ No When (month, year) \_\_\_\_\_

#### Property Information

Do you: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Live with parent/guardian

Type of dwelling: \_\_\_\_\_ House \_\_\_\_\_ Apartment Other \_\_\_\_\_

If not owned by you, please provide property owner's name and phone number

\_\_\_\_\_  
Owner Name Phone Number

Where will the animal be kept: \_\_\_\_\_ Inside \_\_\_\_\_ Outside all the time  
\_\_\_\_\_ Outside sometimes (when) \_\_\_\_\_

When outside how many of the following would apply?

\_\_\_\_\_ Kennel \_\_\_\_\_ Fenced Yard \_\_\_\_\_ Garage \_\_\_\_\_ Free Roam

\_\_\_\_\_ Dog House \_\_\_\_\_ Running Cable

Other (explain) \_\_\_\_\_

## Compatibility

Does anyone in the household have asthma or allergies to animals? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are all the people in the household aware you are applying for an animal? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many children are in the household? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Types of animals the children have been around \_\_\_\_\_

Why do you want an animal? \_\_\_\_\_ Family Pet \_\_\_\_\_ Watchdog \_\_\_\_\_ Companion

Other

How much free time do you have to spend with the animal? \_\_\_\_\_

## Current/previous pets owned over the last 3 years

Name	Type	Sex	Age	Spayed/Neutered		Kept where?		Still Have?		If no, why?
				Yes	No	In	Out	Y	N	
_____	_____	_____	_____	Yes	No	In	Out	Y	N	_____
_____	_____	_____	_____	Yes	No	In	Out	Y	N	_____
_____	_____	_____	_____	Yes	No	In	Out	Y	N	_____
_____	_____	_____	_____	Yes	No	In	Out	Y	N	_____
_____	_____	_____	_____	Yes	No	In	Out	Y	N	_____

Current Veterinarian Clinic/Hospital:

\_\_\_\_\_ Phone \_\_\_\_\_

Previous Veterinarian Clinic/Hospital:

\_\_\_\_\_ Phone \_\_\_\_\_

Name on the account \_\_\_\_\_

OAHS's policy requires all intact cats and dogs be spayed or neutered within 30 days of adoption. OAHS does a follow up call to ensure the surgery took place. If you are using your current vet noted above we can call them directly for verification. If you plan on using another veterinarian we will contact you directly for the follow up. **Please Note: All purebred dogs are required to be spayed or neutered prior to adoption.**

**Is there any thing else you would like us to know about you?**

By signing this application I permit the Oconto Area Humane Society to contact any veterinarians which I have listed on this application for information on past or present pets. I certify that I am 18 years of age or older and that all the information on this application is true. I understand that if any of the above information is found to been false, I may be disapproved for adoption. I also understand that placement of animals is dependent upon the individual needs and temperament of the animal and at the discretion of the shelter staff and management.

Signature

Date