



Oswego County Humane Society

Adoption Application

I am interested in adopting:

Applicant Information		Name:			
Street Address				City	
State		Zip		E-mail	
Primary Phone				Alt. Phone	
How many adults are in your home?			Children?		Ages?
Do you own or rent?		Landlord's name			Phone
Maximum hours pet will be left alone daily:			Are you currently employed or a student?		
How did you hear about OCHS?					

Pet History		Please list your most recent pets (check the box if deceased)			
<i>Name</i>	<i>Age</i>	<i>Species</i>	<i>Currently vaccinated?</i>	<i>Spayed & neutered?</i>	
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Where have you gotten your pets from in the past?					
While we understand that pets are a long-term commitment, if your circumstances were to change due to unforeseen tragedies, such as house fire, unemployment or volcano eruption, where would your pet(s) go?					
Veterinarian's office				Phone	
<i>*Please call your vet to give them permission to release medical information to the Oswego County Humane Society</i>					

Other Personal References		Please include the names & contact information for any personal references		
<i>Name</i>	<i>Phone</i>		<i>How do you know this person?</i>	

I agree to a home visit by an authorized OCHS member before adoption is finalized, if needed. I hereby certify that all statements are true to the best of my knowledge. I further attest that any animals acquired are intended as pets only.

Signature _____

Date _____

Office Use Only				
Date received		Reviewed by		<input type="checkbox"/> Approved <input type="checkbox"/> Declined
<input type="checkbox"/> Landlord approval	<input type="checkbox"/> N/A	References completed?	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Personal