

Project POOCH, Inc.
P.O. Box 305
Community Outreach Office
Lake Oswego, OR 97034-0035

Date: _____

Dog of Interest: _____

503-697-0623 Phone
503-636-5908 Fax

APPLICATION TO QUALIFY FOR DOG ADOPTION

Pet ownership is a serious responsibility. Each person or family who adopts a pet must understand and accept the responsibility and commitment that pet ownership requires.

This application form is designed to help Project POOCH make the best possible placement of a dog into your home. The adoption process may take some time since Project POOCH is committed to doing everything possible to match the right dog with your circumstances. It is hoped that you will be provided all the information and support necessary for a successful adoption. Each dog at Project POOCH looks forward to a lifelong home.

In order to assist in the adoption process, please complete the following application carefully and thoroughly. If you have any questions, do not hesitate to call the above telephone number.

PLEASE PRINT OR TYPE

1. Applicant's Personal Information

- a. Name(s): _____
- b. Phone: Hm: _____ Wk: _____ Cell: _____
- c. Add/City/State/Zip: _____
- d. How long have you lived at your current address? _____ Rent? ___ Own? ___
- e. Residence type: Apt/Condo/Duplex/Mobile Home/Houseboat/House/Other
- f. Landlord's Name: _____ Phone No. _____
- g. Do you plan on moving soon? _____
- h. Number of adults in household: _____ Children: _____ Children's Ages: _____
- i. How did you hear about Project POOCH?

j. Please list your e-mail address. _____

2. Qualities Applicant Seeks in a Dog

a. Why do you wish to adopt a dog? (circle all that apply)

Pet/Friend Hunting Guard/Protection/Watch Dog Companion for Other Pet

Other reasons: _____

b. What type of dog do you wish to adopt? (circle all that apply):

Calm or Active Male or Female Puppy or Adult

Type of hair/coat: _____ Size: _____

Breed or general type: _____

Personality:

c. Why do you wish to adopt a dog from Project POOCH?

3. Other Household Pets

a. List the pets you currently own below. Are they current on vaccinations: _____

Type of Pet/Name	Sex	Spayed/Neutered	Age	Kept in or outside
1.	M / F	Yes / No		Inside / Outside
2.	M / F	Yes / No		Inside / Outside
3.	M / F	Yes / No		Inside / Outside
4.	M / F	Yes / No		Inside / Outside

b. Veterinarian's Name: _____ Phone Number: _____

- c. Please list all the past pet(s) you have had in the last ten years and why you no longer have them (i.e. died of old age, euthanized, gave away, hit by a car, etc.) Attach an extra page, if necessary.

Type of Pet	Why You No Longer Have It
1.	1.
2.	2.
3.	3.
4.	4.

4. Pet Care and Facilities

- a. Do you have a fenced yard?_____What type of fence?_____ Height:_____
- b. Will this pet be an: Indoor pet?____ Outdoor?____ Both?____ Unsure?_____
- c. Where will this dog be when you are home?_____
- d. Where will this dog stay when you are away?_____
- e. Where will this dog stay when you are sleeping?_____

5. Training and Behavior

[Please note: Any dog can be unpredictable. Not all dogs respond the same to different people. All dogs placed for adoption by Project POOCH, Inc. have unknown histories which training may not overcome.]

- a. Would you be willing to spend time with the handler/trainer to learn about the dog? _____
- b. Would you be willing to continue training this dog?_____
- c. Would you be able to attend formal training?_____
- d. Would you be able to attend informal training?_____

6. Application Certification

This certifies that the information contained in this application is true and complete. Through my signature below, I confirm that I agree to cooperate in the adoption process by providing medical care, training, and pet related amenities as recommended by Project POOCH, Inc. Further, in the event that Project POOCH, Inc. places a dog in my household, I agree that before I sell or give up the dog, I will give Project POOCH 15 days' written notice at the above address to exercise its right of first refusal.

Applicant's Signature: _____ **Date:** _____

Please return the completed application to:

Project POOCH, Inc.
Community Outreach Office
P.O. Box 305
Lake Oswego, OR 97034

Fax 503-636-5908

Your application will be reviewed by Project POOCH, Inc. If your application is accepted, the adoption is conditioned upon payment of the adoption fee in the amount of \$195.00 (this fee may change without notice; please confirm the adoption fee at the time of acceptance).

OFFICE USE ONLY

Application Accepted:

_____ Yes, on the following condition: _____

_____ No, why: _____