

Dog Adoption Application

Lane County Animal Services
3970 West 1st Avenue
Eugene, OR 97402



For Staff Use Only

Date: _____

Case Number: _____

____ Landlord Approval

Dog Name: _____

____ Family Member Visit

Breed(s) of Dog: _____

____ Check Dog License(s)

Color/Description: _____

____ Adopter's Dog Visit

Gender: Male (N)

Female (S)

____ **Needs:** Altering Microchip

Estimated age in months/years: _____

Rabies Vaccine Other Vaccines

Behavior Consult Medical Consult

Available Date/Time: _____ / _____

____ Ready to go HOME!

Name: _____

Are you over 18? _____

Address: _____

City: _____

Zip: _____

Home phone/cell: _____

Work phone: _____

Email Address: _____

(Your email address will not be used for solicitation purposes. In order to support our adopters, a brief survey will be sent to you about your adoption experience for bettering the process in the future and to find out how your new pet is adjusting at home.)

1. Are you the registered owner of the home and property where you currently reside?

Or do you RENT your home?

(Written landlord approval must be provided prior to adopting the dog.)

2. Is this pet intended as a gift for someone within your home?

3. Is this pet intended as a gift for someone outside your home?

4. Total number of people/children living in your household? _____

5. Are all members of your household aware that you are adopting a new dog/puppy today?

6. Are you aware of any allergies to pets in any members of the household?

7. Who will be the primary caretaker for the dog? [REDACTED]

8. Who will be financially responsible for the dogs expenses (food/vaccinations/vet bills)?
[REDACTED]

9. What is your monthly/annual budget for your new dog?
[REDACTED]

10. Who will take care of the pet in your absence (vacations, emergencies)?
[REDACTED]

10. Are there other pets in your household?

How many? Cats [REDACTED] Dogs [REDACTED] Dog License # [REDACTED] Other [REDACTED]

****All dogs must be licensed at the time of adoption, and prior to the release of the new pet.****

11. How much time, per day, do you plan to spend with your new dog? How long will it be left alone per day?
[REDACTED]

12. What kind of fencing do you have? (Please describe) [REDACTED]

13. Where will this dog be kept during the day? [REDACTED]

14. Where will this pet be kept during the night? [REDACTED]

15. It often takes 4 weeks or more for a new dog to adjust to the new home, especially if there are other pets in the household. Are you prepared to give the new pet at least this much time to settle in to your home? [REDACTED]

****Please note: Your adoption packet includes several helpful guides to assist you in introducing a new dog into your home.****

16. Dogs live to be 10-15 years old. Thinking ahead that many years, are there any of the following reasons that would cause you to give your pet(s) away?

- | | |
|--|--|
| <input type="radio"/> Moving to another state | <input type="radio"/> Not housetrained |
| <input type="radio"/> Having a baby | <input type="radio"/> Finished school/moving back home |
| <input type="radio"/> Chewing on furniture | <input type="radio"/> Children will no longer care for |
| <input type="radio"/> Too Expensive | <input type="radio"/> Other _____ |
| <input type="radio"/> Found a new "no pet" apartment | <input type="radio"/> None of the Above |

17. In the past 5 years, have you lost a pet because the pet:

- | | | |
|--|---|--|
| <input type="radio"/> Ran away | <input type="radio"/> Re-Homed Animal | <input type="radio"/> Other (please explain) _____ |
| <input type="radio"/> Was hit by car | <input type="radio"/> Natural Causes | |
| <input type="radio"/> Taken to shelter | <input type="radio"/> None of the Above | _____ |

Adoption Agreement

█ I understand that upon adoption, I accept full responsibility for the care and treatment of my companion animal and that any costs incurred, including those for present or future illness, are solely my responsibility.

█ I agree to provide food, water, shelter, exercise, socialization and veterinary treatment as my companion animal may require throughout its lifetime.

█ I understand that animals at Lane County Animal Services may have been exposed to a virus similar to the human cold, Feline Upper Respiratory in cats, and Kennel Cough in dogs. Treatment will be the responsibility of the adopter. This illness can spread to existing pets of the same species.

█ If keeping my companion animal becomes impossible, I agree to notify Lane County Animal Services of plans for placement or make an appointment at 541-682-3647 to return my animal to the shelter.

█ I understand there are no refunds after 15 days. Exchanges may be granted in certain circumstances.

█ I give Lane County Animal Services permission to review my animal's home at any reasonable time and remove the animal if the home is unsuitable or if the animal has been mistreated or neglected in any way.

█ LCAS offers a free Health Exam from any participating veterinarian for every adopted animal. I agree to take my new pet to a veterinarian within 10 days of adoption for a Health Exam.

█ I understand that Lane County is not responsible for the actions, behaviors and/or medical conditions of the animals in the care of Lane County Animal Services, and that Lane County makes no representations or warranties concerning the temperament or behavior of animals in their care. I agree to assume the risks implicit in adopting an animal and agree to indemnify and hold harmless Lane County its commissioners, agents, officers and employees from all damages, losses and expenses including, but not limited to, attorney fees, and to defend all claims, proceedings, lawsuits and judgments arising out of, or resulting from any animal that I adopt, and agree to take any and all necessary precautions to prevent any such injury or damage.

█ I understand that the history of the animal I am adopting is unknown and the animal may act in an unusual or unexpected manner.

█
Adopter's Signature

█
Date

█
LCAS Staff Signature

█
Date

Corporate/Rescue Addendum – Dog Adoption Application
(To be completed by individuals/organizations adopting dogs with the intent to adopt out to another owner)

████████████████████ I understand that upon adoption, the companion animal is now the property of my rescue/organization and shall be represented as such. I have received copies of any documentation regarding this animal's behavior evaluations and training recommendations and understand the contents. I understand that the animal may exhibit behaviors not outlined in the behavior evaluation.

VOID - COPY

Lane County Animal Services

3970 West 1st Avenue
Eugene, OR 97402
541-682-3647
Fax: 541-682-2081

Adoption Information Sheet

Adoption Number: _____

Adoption requirements must be met prior to closing on the next business day after your adoption application is submitted.

If you are unable to complete the process in the allotted time please contact LCAS at the phone number listed above.

If you do not notify LCAS you will forfeit your right to adopt this animal.

If the animal you are adopting needs to be altered prior to leaving you will be contact by one of our participating veterinary clinics the morning they are able to perform the surgery.

Please, be aware of the animal regulations for the area that you live in. You can find them for Unincorporated Lane County and the City of Eugene on our website @ www.lanecounty.org/animals. For the other cities that do their own animal control, contact your city hall for information.

LCAS Hours of Operation

10:00 AM– 6:00 PM Tuesday – Friday

10:00 AM– 5:30 PM Saturday

Remember to Love, License and Leash your pets!