



SOS of Ohio Spay & Neuter Clinic
691 East Dublin Granville Road
Columbus, OH 43229
Phone: 614-396-8708
Fax: 614-396-8717
www.sosohio.org

Animal Name: _____ **ID #** _____

ADOPTION APPLICATION

Shelter Outreach Services of Ohio (SOS Ohio) reserves the right to refuse adoption to anyone who fails to comply with SOS Ohio guidelines. FAILURE TO PROVIDE CORRECT AND/OR COMPLETE INFORMATION MAY CAUSE THE APPLICATION TO BE DENIED.

NAME: _____ **DATE:** ____/____/____
(last) (first) (middle)

SPOUSE/ROOM MATE: _____ **DATE:** ____/____/____
(last) (first) (middle)

DRIVERS LICENSE #: _____

STREET/MAILING ADDRESS: _____

COUNTY OF RESIDENCE: _____

HOME PHONE: _____ **WORK PHONE:** _____

How long have you resided at the address listed above and where did you previously reside?

Have you ever adopted from us in the past? (If Yes When?) _____

Please list any Presently Owned pets (currently living with you):

PETS NAME	BREED	YRS. OWNED	AGE	NEUTERED?		WHERE KEPT	
				YES	NO	IN	OUT
_____	_____	_____	_____	YES	NO	IN	OUT
_____	_____	_____	_____	YES	NO	IN	OUT
_____	_____	_____	_____	YES	NO	IN	OUT
_____	_____	_____	_____	YES	NO	IN	OUT

Currently owned pets VETERINARIAN(S):

Name: _____

Phone number: _____

Please list Previously Owned pets (not currently living with you within the past 5 years):

PETS NAME	BREED	YRS. OWNED	AGE	NEUTERED	KEPT	WHAT HAPPENED
_____	_____	_____	_____	Y/N	IN/OUT	_____
_____	_____	_____	_____	Y/N	IN/OUT	_____
_____	_____	_____	_____	Y/N	IN/OUT	_____
_____	_____	_____	_____	Y/N	IN/OUT	_____

VETERINARIAN(S) FOR PREVIOUSLY OWNED PETS:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Is this your first experience with a cat or dog? _____

2. You want to adopt a pet for (circle all that apply):

House Pet Guard Dog Child Gift Mouser/Barn Cat

Companion for Pet Other _____

3. You will keep this pet on your own property by (circle all that apply):

Leash Kennel Fenced Yard Chained to a Dog House Trolley System

In the House On a Patio In a Garage Other:

4. If you have a fenced area for this pet, what type and height?

5. Have you ever used a crate to house train a dog? _____

6. Are you familiar with canine heart worm disease? _____

Feline Leukemia Virus? _____

7. Are you prepared to take your new pet for a complete veterinary exam within seven days of adoption? _____

8. Where will this pet be living?

My House Apartment Condo Someone else's House Mobile Home

Other _____

9. Type of area where pet will be living?

Town Housing Development Farm City/Town Rural Area

10. Where will this pet be kept during the day? _____

At Night _____ When Alone _____

11. Do you? *Own Home Rent Live with Family Other* _____

12. Are there children in the household, if so how many and what age are they?

13. If you rent, Landlord's name and phone number:

14. Occupation _____ Employer _____

Spouse's Occupation _____ Employer _____

15. Please give two references other than your vet (include name and phone number):

By completing this application, I agree to abide by local laws regarding the care of companion animals.

I will care for my new pet as a family member and ensure that it has adequate food, water, attention, companionship, and healthcare.

I promise to seek immediate medical attention for my new pet if it becomes injured or ill and I will not allow it to suffer. If my new pet's injury or illness is such that it will be in constant pain, cannot be healed or has a greatly reduced quality of life, I will have my pet humanely euthanized by a veterinarian.

If at any time, I can no longer care for my pet, I will return him/her to Shelter Outreach Services of Ohio. I will not leave my pet behind or turn it loose outside to fend for itself. If I am no longer in the State of Ohio and cannot return my pet to Shelter Outreach Services of Ohio, I will leave him/her with a reputable animal shelter or rescue and provide information on how to contact Shelter Outreach Services of Ohio.

I understand that before my new pet can come home, Shelter Outreach Services of Ohio will review this application and reserves the right to visit my home to ensure that I can provide a safe environment for my new pet.

I hereby grant permission to Shelter Outreach Services of Ohio to contact my references, my veterinarian and my local animal control agency to obtain information about past and present pets and to verify the information provided on this application.

I understand that my completing this application does not guarantee that I will be allowed to adopt the pet referenced in this application and that Shelter Outreach Services of Ohio may reject my application, should you determine that I am not a suitable owner for this pet.

Signature and Date

THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS APPLICATION

Accept _____ Reject _____

Shelter Outreach Services Of Ohio Signature and Date