Today's Date:	ACR#	
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GENERAL ADOPTION Questionnaire

Nai	me:						
Add	dress:	OAS STAFF/VOLUNTEER USE ONLY					
City: Zip:		ID VERIFIED (Inc. age) DATABASE CHECKED					
	One: (Home) (Cell)						
	nail address:	EVERYONE HERE					
 1. 2. 3. 4. 	Do you understand that your name and information may be che not have any history of animal abuse, neglect, or irresponsible pare you 18 years or older (required)? Yes No (Please by Why do you want to adopt this pet? How many people live in the home? Adults Children	pet ownership? Yes No pe prepared to show valid ID) ren Children's Ages:					
5.	Are there children who visit the home regularly? Yes No						
6.	Does anyone in your home have allergies to pets? Yes No						
7.	Who will be the primary caretaker of this pet?						
8.	Have you had pets of this species in the past? Yes No If yes, how many? What happened to them?						
9.	Do you currently have any pets? Yes No						
	If yes, list types and number of current pets:						
10.	Where will this pet stay during the day?						
11.							
12.	How long do you think you will have this pet?						
13.	. What would you do about your pet if you suddenly learned that you had to move somewhere that did not allow this pet, or if you could no longer care for this pet?						
14.	Do you understand that we can not guarantee the health of this pet? Yes No						
15.	. What will you feed your pet?						
16.							
17.	. Which veterinarian will you use for the care of your new pet?						

ppli	ant Name:		ACR#	
As	a Responsible Pet Owner:			Initial Here
•	I will provide my pet with good care, includin shelter, veterinary care, exercise, toys and at		priate food, water,	
•	I understand that it is never recommended to ensure that any child properly handles the pe		h children. I will	
•	I have considered the time and financial dem a pet will require ongoing expenses for food, to set aside time each day to care for my pet	veterinary care, and other supp	lies, and that I need	
•	I understand that many pets are social anima an important part of my life and family.	lls and enjoy being around peopl	e. I will make my pet	
If se	Applicant's Sig lected as an adopter:	nature		Date
	Applicant's Sig	 nature		Date
1./		ADOPTER (NO W		ad the ot Ooldon d
Anir and and, any clair	e) hereby acknowledge receipt of the animal services makes NO WARRANTY in regar health and the OAS can only give the inform for its officers and/or employees shall not be person or damage to property or loss of usens or actions brought by any person or perspage caused by said animal.	d to the animal's ownership, on the control of the	condition, disposition n. I (we) agree in that ntable in any manner ers and employees fro	, past behavior : City of Oakland for the injury to om any suits,
	Adopter's Signature	 Date		