



Open Arms Animal Shelter

Privately owned and operated
by the Lawrence County
Humane Society

820 Isaac Park Road, Louisa, KY 41230
Phone 606-673-4509

Animal Adoption Application Form

Contact Information

Full name: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.?

Please describe your household: Active Noisy Quiet Average

If you rent, please give the rules governing pets and the landlord's name and number:

(by providing this information you are allowing O.A.A.S. to contact your landlord please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to dogs/cats? _____

Is everyone in agreement with the decision to adopt a dog/cat? _____

Do you have time to provide adequate love and attention? _____

Other Pets

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not..why? _____

Have you ever surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

How do you discipline your pets and why?

Veterinarian

Do you have a regular veterinarian? __ Yes __ No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing O.A.A.S. with this information you are allowing O.A.A.S. to call your vet. Please call your vet and ask them to authorize the release of information to O.A.A.S.)

About the Dog/Cat You Wish to Adopt

What is your idea of an ideal dog/cat and why? _____

Desired age: _____ Desired Size: _____

Desired breed: _____

Breed you would not adopt: _____

Desired sex: Spayed Female Neutered Male No preference

Willing to adopt:

outgoing/hyper

shy

dog/cat that needs regular medication

dog/cat that needs training

dog/cat that needs grooming

None of these

Where will the dog/cat spend the day? (*describe*)

Where will the dog/cat spend the night? (*describe*)

Number of hours (average) dog/cat will spend alone? _____

Who will have primary responsibility for this dog/cat's daily care? _____

Who will have financial responsibility for this dog/cat? _____

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

Do you agree to keep the dog/cat as an indoor dog/cat? Yes No

When the dog/cat goes out, how do you plan to supervise it? _____

Fenced yard? _____

Do you agree to contact O.A.A.S if you can no longer keep this animal? Yes No

Are you willing to let a representative of O.A.A.S. visit your home by appointment?

Yes No

How did you hear about O.A.A.S.?

Would you be interested in fostering? Yes No

Would you like to know more? _____

Personal References

Please list someone who is familiar with both you and your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This dog/cat will reside in my home as a pet. I will provide it with quality dog/cat food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

Completion of this application is NOT a guarantee of adoption approval.

(Signature)(Date)

THE FOLLOWING TO BE COMPLETED BY OAAS

Approved: _____ Denied: _____ Date: _____

OAAS Representative & Title: _____

Dog ____ Cat ____ Puppy ____ Kitten ____ Age ____ M/F ____
Name _____ Shelter Card # _____

Any special information _____

Adopted by _____ Ph# _____

Address _____

City _____ State _____ Zip _____