**ADOPTION APPLICATION**

One by One Friends of Animals, Inc

12324 E 86TH Street North #278 Owasso, Oklahoma 74055

[administrator@onebyoneanimal.org](mailto:administrator@onebyoneanimal.org)

918-928-9432

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cat: \_\_\_ Dog: \_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you looking for a pet and why would you like to adopt this pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer all questions (These questions are not meant to invade your privacy, but to ensure that we have all the information to make a perfect match):

Own home/condo \_\_\_\_\_\_\_\_ Rental home \_\_\_\_\_\_\_\_\_\_\_\_ Rental Apartment complex \_\_\_\_\_\_\_\_\_\_

(We reserve the right to ask for a home check before adoption approval.)

Landlord name/complex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If you live in a rental property we will contact the owner/manager to get approval for you to have pets before the adoption will be completed.)

Children in the home: Yes: \_\_\_\_ No: \_\_\_\_ Number and ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other pets: Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_\_ Number and species: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you currently do not have an animal, please answer in the past tense:

Are all of your pets spayed/neutered: Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_ If no, please explain why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are all of your pets current on vaccines: Yes: \_\_\_\_\_ No: \_\_\_\_\_\_\_ If no, please explain why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are all of your pets on heartworm preventative: Yes: \_\_\_\_\_ No: \_\_\_\_\_\_\_ If no, please explain why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Veterinarian/Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of pet when home: Indoor: \_\_\_\_\_\_\_\_\_\_\_ Indoor/Outdoor: \_\_\_\_\_\_\_\_\_\_\_\_ Outdoor Only: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of pet when not at home: Indoor: \_\_\_\_\_\_ Indoor/Outdoor: \_\_\_\_\_\_\_\_\_\_\_\_ Outdoor Only: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yard fenced: Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_ Type: Chain link: \_\_\_\_\_\_\_\_ Wood: \_\_\_\_\_\_\_\_\_ Approx Height: \_\_\_\_\_\_\_\_\_\_\_\_

Are you financially prepared to care for the needs of this pet, including but not limited to: veterinary care, food, toys, grooming, training, etc: Yes: \_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_

Under what circumstances would you no longer keep your pet (moving, divorce, marriage, having a child, potty accidents, hair on furniture or clothes, won’t stay off furniture, plays too rough, develops medical problems, etc)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please read carefully before signing:

The information given on this application is true and correct to the best of my knowledge. I authorize my landlord and veterinarian to release information to One by One for the purpose of processing and evaluating this application. I understand that this application is to help determine if the proposed adoption is in the best interests of both the pet and me/my family, especially if there are young children in the residence. I understand that completing this application does not guarantee adoption. All adoptions are made at the discretion of One by One.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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One by One Use Only:

Date reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_ Denied: \_\_\_\_\_\_\_\_\_\_ Release date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_